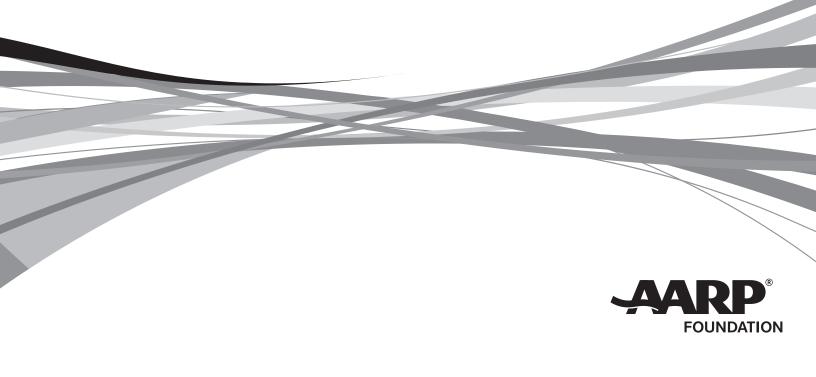


NTTC Workbook Tax Year 2015



NTTC Workbook Tax Year 2015

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Table 1 - Matrix Top Table 1 - Matrix Top To	NT	TC Workbook - Tax Year 2015		Upda	ated 2	2014 F	Practio	ce Re	turns		1	New 2	2015	Practi	ce Re	eturns	;
1-5 Filing status x		Table 1 - Matrix		AM			S						Η	~			
1-5 Filing status x	040 ne		NOSQUH	UNNINGH,	CLARK	SCOTT	MEADOW:	WILSON	MOORE	HOLMES	BATES	REED	:LLSWOR1	MCCOOK	WRIGHT	YALE	KERRY
393 TP or SP 66 or older or blind x <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>ш</td><td></td><td>-</td><td>-</td><td></td></t<>				-									ш		-	-	
6 Dependents - other x			X	х	х	х	Х	Х	х	Х	X	Х	х	х	х		
6 Dependents - other x				v	v	v	v	v	v9		~	v	v		v		
7 W-2 x		· · ·		^	^		^		70	x			^		^		
B. Interest x			x	x	x		x		x	^	x		x		х		
9 Dividends x										х	_			х			
11 Alimony received x																	
12 Small business (Sch C) x x x x x x x x 13 Capital gain distribution x x x x x x x x 14 Capital gain distribution x x x x x x x x 16 Red Birbhuton x x x x x x x x x 16 Pension distribution x <t< td=""><td>10</td><td>Taxable state income tax refund</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>х</td></t<>	10	Taxable state income tax refund															х
S x																	
Capital gain distribution x <td></td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>Х</td> <td>S</td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td>х</td>						х				Х	S					х	х
Inherited property N X	13				S					х				х			
15 IRA distribution x					х		Х										
Basis in RA (8606) x	45																
16 Pension distribution x							х	х		Х						Х	
Disability pension x		· /									<u> </u>	v		v		v	
RRB pension x <th< td=""><td></td><td></td><td></td><td></td><td></td><td>v</td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>X</td><td></td><td>X</td><td>X</td></th<>						v						X		X		X	X
Simplified method x						^	Y										
PSO health ins x								x	x	x						x	x
17 Rents / royalties x			-				~		~								~
19 Unemployment compensation x								~		~	S				х	~	х
20 Social security benefits x <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td>					х					х			х				
21 Other income x <										х			х	х		х	х
23 Educator expenses L <lil< li=""> L<!--</td--><td></td><td>Social security Lump Sum</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>х</td><td></td><td></td><td></td><td></td></lil<>		Social security Lump Sum											х				
25 HSA deduction x	21	Other income		Х		Х			Х	Х			х	Х		Х	Х
27 Deductible part of SE tax x																	Е
30 Penalty on early withdrawal x <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>																	
31 Alimony paid x <										Х						х	
32 IRA deduction x						х							х		Х		
33 Student loan interest deduction x							х										
34 Tuition and fees Image: constraint of the second s							v		v								
36 Jury duty paid to employer x x x x x 40 Itemized deductions x			X				X		X							X	
40 Itemized deductions x			-													v	
Sales tax deduction I E E I * 46/69 Excess / add'l prem tax credit x <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td>x</td>								x		x				x			x
46/69 Excess / add'l prem tax credit x	-10		-											~		~	*
48 Foreign tax credit x	46/69		х				х								х		х
50 Education credit x							х	х		х				х		х	х
51Retirement savings creditSIIIXX52Child tax creditXXXXXXXXXX53Residential energy creditIIIIIIIE57Self-employment taxXXXXXXXXXXX58Unreported SocSec/ Medicare taxIII <t< td=""><td>49</td><td>Child & dependent care credit</td><td></td><td></td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Х</td><td>х</td><td>Х</td></t<>	49	Child & dependent care credit				х									Х	х	Х
52Child tax creditxx <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td>Х</td> <td></td> <td>Х</td> <td>Х</td> <td>Х</td> <td></td> <td></td> <td>Х</td> <td>Х</td>						Х		Х	Х		Х	Х	Х			Х	Х
53Residential energy creditImage: Constraint of the systemImage: Constraint of the			S												х		
57 Self-employment tax x					х		х	х	х			Х	х		х	х	
58 Unreported SocSec/ Medicare tax																	
59 Additional tax on IRA Image: Constraint on the symptom on the sympton the sympton on the sympton the symptom on the sympto			 			Х				Х						Х	Х
60b FTHB repayment x			 														
61 Shared responsibility payment x <			 					v								х	
SRP exemption x <			┣──		v			X				v					
Full year MEC x <			×		^	Y						^		x			¥
64 FIT withheld x <			Ê	x		<u>^</u>		х	x	х	x		х	^	х	х	~
65 Estimated payments ×			х		х	х	х					х		х			х
66a Earned income credti x x x x x x x 67 Additional child tax credit x			Γ.														
67 Additional child tax credit x <td< td=""><td></td><td></td><td></td><td></td><td></td><td>х</td><td>х</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>х</td><td></td><td></td></td<>						х	х								х		
76 Direct deposit/savings bond x							х	х							х	х	
						Х		х	Х		х	х	х			х	Х
78 Amount owed/direct debit x x x			х		х	х	Х		х	Х	Х	х		х	х	Х	Х
	78	Amount owed/direct debit		х									х				

E - Extender

S - Supplemental exercise

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-completedby-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.

TaxWise® is a copyrighted software program owned by CCH Small Firm Services (CCH). All screen shots that appear throughout the official Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) training materials are used with the permission of CCH. The screen shots used in this publication—or any other screen shots from TaxWise® or its affiliated programs—may not be extracted, copied, or distributed without written approval from the IRS SPEC Office of Products, Systems, & Analysis.

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 blance due, she will mail in her payment

GAIL HUDSON 2715 BISHOP STREET YOUR CITY, STATE ZIP	
PAY TO THE ORDER OF	\$
Your Bank Bank City, State, ZIP Code For	
: 325070760 : 350299712 1234	

Form 13614-C (October 2014)		Int		-		ury - Interna Qualit		^{Service} View S	heet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perso	ons on yo	our tax ur spou	return. ıse.	 You ar complete 	e responete and a	nsible for t accurate in	-3 of this fo he informat formation. ease ask the	ion on yo		-	
Part I – Your Personal Inform	ation												
1. Your first name				M.I.	Last nam	ne						ou a U.S. cit	
Gail				M.I.	Hudson						× Ye	-] No
2. Your spouse's first name				IVI.I.	Last nam	le					∣is you □ Ye	s spouse a	J.S. citizen?] No
3. Mailing address Apt # City 2715 Bishop Street Your City											State Your S		IP code our Zip
4. Telephone number(s) 221-55	5-xxxx				Email add	lress (opti	onal)						
5. Your Date of Birth	6. Your job	title			7. Last ye	ar, were y	ou:			a. Full	time stude	nt 🗌 Y	es 🗵 No
4/16/1989	Manager				b. Totally	and perma	anently d	lisabled [Yes 🗴	No c. l	Legally blir	nd 🗌 Y	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9			vear, was y					time stude		
					-	and perm		lisabled [🗌 Yes 🗌	No c. l	Legally blir	nd 🗌 Y	es 🗌 No
11. Can anyone claim you or yo	•						Unsure				<u> </u>		
12. Have you or your spouse: Part II – Marital Status and		a. Been a vict		tity the	t? 🗌 Y	es 🗴	No	b. Adopted	d a child?	🗌 Yes	🗴 No		
were you: 2. List the names below of:		b Divorced or Lo	. Was you	r marria parated	age recog Date	nized unde	er the law	vs of the sta eparate ma	six months o ate(s) you are intenance aç	e filing in? greement		es □ No	Unsure
everyone who lived with yo	u last year (other than yo	ou or your	spouse	e)			lf add	litional space	e is neede	d check he	ere 🗌 and li	st on page 3
• anyone you supported but	did not live v	with you last	year	-	- -					-	1	1	er Preparer
Name (<i>first, last</i>) 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)	of US, Canada,	Single or Married as of 12/31/14 <i>(S/M)</i>	Student last year	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own support?	Did this person have less than \$3950 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person?	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)		(yes/no)	(yes/no)
Catalog Number 52121E		ers are traind unethical be				s at <u>wi.vo</u>					1205	426444	C (Rev. 10-2014

				Page 2
Yes	No	Unsure	e Check appropriate box for each question in each section	
Part	III – In	icome –	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	V – E	xpense	s – Last Year, Did You <i>(or Your Spouse)</i> Pay	
	x		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 – Li	fe Even	ts – Last Year, Did You (or Your Spouse)	
	x		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?	
Catalo	g Numb	per 52121E	E www.irs.gov Form 13614	I-C (Rev. 10-2014)

Hudson

--

		ree's social security number 021-XX-XXXX							
100000000000000000000000000000000000000	Identification number (EIN)			and the second second	other compensation	2. Federal income tax withheld \$3,685.45			
	name address, city state and	I ZIP Code	71	3. Social securi	ity wages 31,915.52	4. Social security tax withheld 1,978.76			
JACK'S STEAKHOUSE 24 BAUER ST SAN DIEGO CA 92109				5. Medicare w	ages and tips 31,915.52	6. Medicare t		2.78	
SAN D.	IEGO CA 92109			7. Social secur	ity tips	8, Allocated	tips		
d. Control nu	umber			9.		10. Dependa	int care ber	efits	
	's name (first, initial, last), add UDSON	ress, city, state and ZIP code	Č I	11. Nonqualifier	d plans	12a. See instructions for box 12 12b.			
2715 B	ISHOP ST CITY, STATE ZIP			13. Statutory Employee	Retirement Third-party Plan sickpay				
				14. Other		12c.	1		
						12c,	5.2	- • 1	
15. State YS	Employer's state ID number	16. State wages, tips, etc. \$31,915.52		e income tax \$450.00	18. Local wages, tips, etc.	19. Local incol	me tax	20, Locality name	

Form W-2 2015

		vee's social security number 021-XX-XXXX							
	r Identification number (EIN) XXXXXXX		1, Wages, tips	other compensation \$245.00	et these eter store to be	2. Federal income tax withheld \$10.50			
	s name address, city state an R'S CAFE	d ZIP Code	3. Social secur	ity wages \$185.00	4. Social security tax withheld \$15.19				
1409	N ALLEN ST		5. Medicare w	ages and tips \$245.00	6. Medicare tax withh	^{eld} \$3.55			
CHARL	OTTE NC 28216		7. Social secur	ity tips \$60.00	8. Allocated tips				
d. Control n	umber		9.		10. Dependant care be	enefits			
	e's name (first, initial, last), add IUDSON	ress, city, state and ZIP code	11. Nonqualifie	d plans	12a. See instructions for box 12 12b.				
200 ST	ATE ST, APT 200 CITY STATE ZIP		13. Statutory Employee						
			14. Other		12c.				
					12c.				
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18, Local wages, tips, etc.	19. Local income tax	20. Locality name			
YS	102XXXXXX	\$245.00	\$2.00						
Form	N-2 201	5							

and the second			D (if checked)		1.1.1.		1.1		
PAYER'S name, address, city, st PEOPLE'S FEDERAL B			Payer's RTN (optional)	20	15	Inte	erest In	ncome	
PO BOX 54321	3		1 Interest income	099-INT					
SAN DIEGO CA 9210	19		\$21.75 2 Early withdrawal penalty	Cold and	100000	-	-	6 B	
			c carly management penalty			<u> </u>	Copy B For Recipient		
PAYER'S Federal identification n	umber RECIPIEN	T'S identification number	3 Interest on US Savings Bond	s and Treas.	obligations			portant tax	
10-1XXXXXXX	and the second sec	XX-XXXX	\$125.00				information and is being furnished to the		
RECIPIENT'S name, address, cit	ty, state, and ZIP cou	le	4 Federal income tax withheld \$15.00	5 Investme	nt expenses		Intern	al Revenue	
GAIL HUDSON 2715 BISHOP STREE	т		6 Foreign Tax Paid	7 Foreign C	Country or US p	ossession	requir	red to file a	
YOUR CITY STATE				197				negligence Ity or other	
			8 Tax exempt interest	9 Specified interest	private activity	bond		tion may be ed on you if	
			11 12 12 12			(m. 14)	th	is income is and the IRS	
			10 Market Discount	11 Bond Pre	mium	- 64	determines	that is has	
				1.7.7				n reported.	
Account number (see instructions))		12 Tax-exempt bond CUSIP no	13 State	14 State Iden	tification no.	15 State tax	withheld	
orm 1099-INT							al a second		
	-P229.1 (1.697	00000000			0.020	1201-2	A 104,000	DMB No. 154	
1095-A	Healt	h Insura	nce Marke	tpla	ce Sta	aten	nent	JAND 140, 134	
Department of the Treasury	> Infor	mation about Forr	n 1095-A and its separa				ECTED	20	
nternal Revenue Service	Contraction of the second second	www.irs.gov/fron	n1095a.	0.0		CURP	ECTED		
Recipient Info	ormation	1		1				1	
12-3456XXX		2 Marketplace-assign	ed policy number		issuer's name URER				
lecipient' name		7001			ent's SSN	24.5	6 Recipient's	date of birth	
GAIL HUDSON				_	21-XX-XX			16/1989	
				8 Recipio	ent's spouse's	SSN	9 Recipient's	spcuse's date	
Recipient' spouses's name				1.00					
Recipient' spouses's name		11 Policy Terminatio	n Date	12 Street	Address (inclu	iding apartn	nent number)		
Policy start date 03/01/2015		11 Policy Terminatio	n Date		Address (inclu 5 BISHO				
Policy start date 03/01/2015 City, State, Country and ZIP		11 Policy Terminatio	n Date						
Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT	E ZIP	11 Policy Terminatio	n Date						
Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT IT II Coverage Hou	E ZIP Isehold			271	5 BISHO	P CIRC	LE	- Termination	
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Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT art II Coverage Hou A Covered I GAIL HUDSON A Covered I GAIL HUDSON A Month A Monthly Pre 1 January 2 February 3 March	E ZIP usehold individual Name formation emium Amount B \$300.00	B Covered Ind 021-XX	ividual SSN C. Date or X-XXXX 04/1 nunt of Second Lowest Cost Sil \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE E 15 ance Payment	12/31/2 : of Premium Ta	
Policy start date 03/01/2015 City, State, County and ZIP YOUR CITY STAT art II Coverage Hou A Covered I GAIL HUDSON A Covered I GAIL HUDSON A Covered I GAIL HUDSON A Covered I GAIL HUDSON 2 February 2 February 3 March 4 April	E ZIP Isehold Individual Name Formation emium Amount B \$300.00 \$300.00	B Covered Ind 021-XX	ividual 55N C. Date of X-XXXX 04/1 punt of Second Lowest Cost Sil \$344.00 \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE 15 ance Payment \$ \$	12/31/2 of Premium Ta 142.00	
Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT IT II Coverage Hou A Covered I GAIL HUDSON IT III Household Inf Month A Monthly Pre January Pebruary Pebruary March April May	E ZIP Isehold Individual Name Formation emium Amount B \$300.00 \$300.00 \$300.00	B Covered Ind 021-XX	ividual SSN C. Date of X-XXXX 04/1 punt of Second Lowest Cost Sil \$344.00 \$344.00 \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE 15 ance Payment \$ \$ \$	12/31/2 of Premium Ta 3142.00 3142.00 3142.00	
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Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT IT II Coverage Hou A Covered I GAIL HUDSON IT III Household Inf Month A Monthly Pre 1 January 2 February 3 March 4 April 5 May 5 June 7 July 8 August 9 September	E ZIP Isehold Individual Name formation emium Amount B \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	B Covered Ind 021-XX	ividual 55N C. Date of X-XXXX 04/1 ount of Second Lowest Cost Sil \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE E 15 ance Payment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12/31/2 of Premium Ta 142.00 142.00 142.00 142.00 142.00 142.00 142.00	
Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT art II Coverage Hou A Covered I GAIL HUDSON A Covered I GAIL HUDSON A Covered I GAIL HUDSON A Covered I A Covered I	E ZIP Isehold Individual Name Formation emium Amount B \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	B Covered Ind 021-XX	ividual SSN C. Date of X-XXXX 04/1 ount of Second Lowest Cost Sil \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE 15 ance Payment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12/31/2 of Premium Ta 142.00 142.00 142.00 142.00 142.00 142.00 142.00 142.00 142.00	
Policy start date 03/01/2015 City, State, Country and ZIP YOUR CITY STAT art II Coverage Hou A Covered I GAIL HUDSON art III Household Inf Month A Monthly Pre 1 January 2 February	E ZIP Isehold Individual Name formation emium Amount B \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00	B Covered Ind 021-XX	ividual 55N C. Date of X-XXXX 04/1 ount of Second Lowest Cost Sil \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00 \$344.00	271 f Birth 6/1989	<u>5 BISHO</u> D. Sta 03	rt Date	LE IS ance Payment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12/31/2 of Premium Ta 142.00 142.00 142.00 142.00 142.00 142.00 142.00	

SUPPLEMENTAL EXERCISE

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

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).

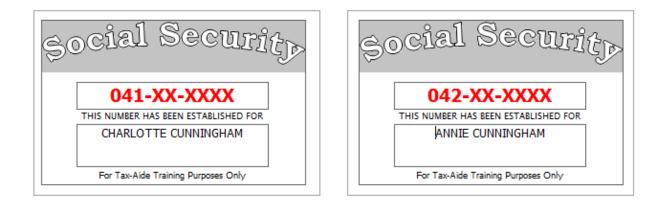
She has one daughter, Annie, for whom she provides almost all support. Robert has agreed to pay Charlotte \$1,000 a month for child support until Annie graduates from high school. Last year he paid for three months. Charlotte isn't sure if she has to claim those payments on her return.

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	
PAY TO THE	\$
Your Bank	DOLLARS
Bank City, State, ZIP Code	
: 325070760 : 450820134 1234	

Form 13614-C (October 2014)		Int				sury - Internal Qualit		^{Service}	neet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards of • Picture ID (such as valid	r ITIN letters	s for all perso	ons on yo	our tax i ur spoi	return. Jse.	You are comple	e responete responete e res e responete e r	nsible for th accurate in	formation.	ion on you		Please prov	
Part I – Your Personal Inform	nation												
1. Your first name Charlotte				M.I.	Last nam Cunningh	nam					I ⊻ Ýe] No
2. Your spouse's first name				M.I.	Last nam	1e					ls you □ Ye	r spouse a L s	J.S. citizen?] No
3. Mailing address 2621 Tudor Way							City Your City				State Your S		IP code our Zip
4. Telephone number(s)					Email add	dress (optic	onal)						
5. Your Date of Birth	6. Your job				7. Last ye	ear, were yo	ou:			a. Full tir	ne stude	nt 🗌 Ye	es 🗷 No
1/21/1964	Dental Assis				,	and perma			Yes 🗴		egally blir		
8. Your spouse's Date of Birth	9. Your spc	use's job title	;		-	/ear, was y and perma	-]Yes	a. Full tir No c. Le	ne stude gally blir		
11. Can anyone claim you or y	⊥ /our spouse (on their tax re	turn?	□ Yes	-	-	Unsure				5,		
12. Have you or your spouse:		a. Been a vict	im of ider	itity thef	ft? 🗌 Y	'es 🗴	No	b. Adopted	l a child?	☐ Yes	🗴 No		
Part II – Marital Status and	d Househol	d Informati	on										
1. As of December 31 of last y were you:	× N	b. Divorced or Le	. Did you l . Was you	live with ur marria parated	n your spor age recogr Date o	use during nized unde	any par the law	rt of the last vs of the sta	other formal six months o te(s) you are intenance ag	of 2014? e filing in?	os under × Yo × Yo	es 🗌 No	🗌 Unsure
2. List the names below of:								If add	itional space	e is needed	check he	ere 🗆 and li	st on page 3
 everyone who lived with ye anyone you supported but 				spouse)				-			ied Voluntee	
Name (<i>first, last</i>) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter,		Citizen (yes/no)	of US,	of 12/31/14	Student last year	Permanently Disabled	Can this person be claimed by someone else as a dependent on their return?	Did this person provide hore than t 50% of c	Did this person have less han \$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
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)		(963/10)	person? (yes/no)
Annie Cunningham	9/16/1997	Daughter	12	Y	Y	S	Y	N				_	Ţ
		!	 									<u> </u>	<u> </u>
		'	<u> </u>				<u> </u>	+					
		4					-1 10		- 4 - 46 - 6				
		ers are traine unethical bel											
Catalog Number 52121E					www.ir	s.gov					Fo	rm 13614-C	(Rev. 10-2014)

<u>'-</u> -

					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
-12-	Part I	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> 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 Medical Stud	dv
	Part I	V – E	xpenses	– Last Year, Did You <i>(or Your Spouse)</i> 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
Cunningham		×		3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)	
ling		×		4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)	
ham		×		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	/ – Li1	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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	9-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?	
		x		10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?	
	Catalog	g Numb	er 52121E	www.irs.gov	Form 13614-C (Rev. 10-2014)

		ee's social security number 041-XX-XXXX					
b. Employer Identification n 12-0XXXXXX	umber (EIN)	5		other compensation	2. Federal incom	e tax withheld 33,275.00	
c. Employer's name address	city state and	ZIP Code	3. Social secur	ity wages \$43,772.26	4. Social security tax withheld 2,713.88		
BOND DENTAL 416 CHRISTIAN			5. Medicare w	ages and tips \$43,772.26	6. Medicare tax	withheld \$634.70	
PHILADELPHIA F	A 19119		7. Social secur	ity tips	8. Allocated tips		
d. Control number	- 10 - er 1		9.		10. Dependant c	are benefits	
e. Employee's name (first, i CHARLOTTE CUI		ress, city, state and ZIP code	11. Nongualifier	d plans	12a. See instruct	ions for box 12 \$1,500.00	
2621 TUDOR WAY	Y		13. Statutory Employee	Retirement Third-party Plan sickpay	12b. DD	\$2,450.00	
			14. Other		12c.		
					12c.		
15. State Empkyer's sta YS 120XXXX		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 nam	
	204	F					

PAYER'S name, address, city, state, ZIP code PAYTON FINANCIAL BANK 1200 TENTH ST HARTFORD CT 06101		Payer's RTN (optional)	20	15	Interest Incor		
		1 Interest income \$151.48		1099-INT			
		2 Early withdrawal penalty				Copy B For Recipient	
PAYER'S Federal identification number 12-1XXXXXX	RECIPIENT'S identification number 041-XX-XXXX	3 Interest on US Savings Bonds	s and Treas.	obligations		This is important tax information and is	
RECIPIENT'S name, address, city, state, and ZIP code CHARLOTTE CUNNINGHAM		4 Federal noome tax withheld 5 Investment expenses \$15.00			being furnished to the Internal Revenue Service. If you are		
2621 TUDOR WAY YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign C	eign Country or US possession		required to file a return, a negligence penalty or other	
		8 Tax exempt interest	9 Specified interest	9 Specified private activity bond interest 11 Bond Premium		sanction may be imposed on you if this income is taxable and the IRS	
		10 Market Discount	11 Bond Pre			determines that is has not been reported.	
Account number (see instructions)		12 Tax-exempt bond CUSIP no	o 13 State 14 State Identification n		ication no.	15 State tax withheld	

		TED (if checked)			
DLIVET MEDICAL CENTER		1 Rents	2015	Miscellaneous Income	
		2 Royalties	Form 1099-MISC		
GASTONIA, NC 28054		3 Other Income \$1,500.00	4 Federal income tax withheld	Copy B For Recipient	
PAYER'S Federal identification number 12-2XXXXXX	RECIPIENT'S identification number 041-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	Tor Recipient	
RECIPIENT'S name, address, city, state, ZIP code CHARLOTTE CUNNINGHAM 2621 TUDOR WAY YOUR CITY, STATE, ZIP Account number (see instructions)		7 Nonemployee Compensation	Substitute payments in lieu of dividends or interest	This is important tax information and is beirg furnished to the Internal Revenue	
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	10 Crop Insurance proceeds	Service. If you are required to file a return, a negligence penalty or other	
		11	12	sanction may be imposed on you if this income is taxable and the IRS	
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that is has rot 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					

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.



For Tax-Aide Training Purposes Only

JEREMY A CLARK JANICE S CLARK	1234
1129 CHARLES ST YOUR CITY STATE ZIP	
AY TO THE	\$
RDER OF	DOLLARS
Your Bank	
Bank City, State, ZIP Code	

For Tax-Aide Training Purposes Only

10	Form 13614-C (October 2014)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet						OMB Number 1545-1964							
	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. • If you have questions, please						-3 of this fo he informat formation.	ion on yo		-					
	Part I – Your Personal Inform	ation					1								
	1. Your first name Jeremy				M.I. A	Last nan Clark	ne						Are you a U.S. citizen? ☞ Yes □ No		
	2. Your spouse's first name Janice				M.I. S	Last nan Clark	ne					ls you ≭ Ye	r spouse a l s	J.S. citizen? No	
	3. Mailing address 1129 Charles Street							i ty our City				State Your S		P code our Zip	
	4. Telephone number(s) 451-55	55-xxxx				Email add	dress (optio	onal)							
	5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full t	ime stude	nt 🗌 Y	es 🗴 No	
	3/17/1972	Technician				b. Totally	and perma	anently c	disabled [Yes 🗴	No c. L	egally blin	nd 🗌 Y	es 🗴 No	
	8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9		10. Last y	/ear, was y	our spoi	use:		a. Full f	time stude	nt 🗌 Y	es 🗴 No	
	12/14/1974	Assistant M	anager			b. Totally	and perma	anently c	disabled [Yes 🗴	No c. L	egally blin	nd 🗌 Y	es 🗵 No	
	11. Can anyone claim you or yo	our spouse	on their tax re	eturn?	□ Yes	; × N	lo 🗌	Unsure							
	12. Have you or your spouse:		a. Been a vict		ntity the	ft? 🗌 Y	′es ∡	No	b. Adopted	d a child?	🗌 Yes	🗴 No			
	Part II – Marital Status and	Househo	ld Informati	on											
2	2 List the names helpy of:		b Divorced or Lo	. Was you	ur marria parated	age recog Date	nized unde	r the lav	vs of the sta eparate ma	six months ate(s) you an intenance ag	e filing in? greement			🗌 Unsure	
	 List the names below of: everyone who lived with yo 	u last vear	(other than vo	ou or vour	snouse	2)			If add	litional space	e is neede	d check he	ere 🗌 and li	st on page 3	
	• anyone you supported but				000000	/				To be co	npleted b	y a Certifi	ed Volunte	er 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	Citizen (yes/no)	of US,	Single or Married as of 12/31/14 (<i>S/M</i>)	Student last year		Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own support?	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?	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)			(yes/no)	
	Sean Clark	9/8/2011		12	Y	Y	S	N	N						
	Thomas Clark	6/8/2000	Son	12	Y	Y	S	Y	N						
	Catalog Number 52121E		ers are traine unethical be				s at <u>wi.vo</u>					205	rm 13614-0	(Rev. 10-2014	

				Page 2								
Yes	No	Unsure	Check appropriate box for each question in each section									
Part	III – In	icome –	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	ÍV – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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		fe Event	ts – Last Year, Did You (or Your Spouse)									
	x		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?									
	x		10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?									
Catalo	g Numb	oer 52121E	E www.irs.gov Form 13614	-C (Rev. 10-2014)								

Clark

		vee's social security number 051-XX-XXXX					
b. Employer Identification number (EIN) 13-0XXXXXXX			1. Wages, tips, other compensation \$20,187.37		e tax withheld 2,562.97		
c. Employer's name, address, city state and ZIP Code		3, Social secur	ity wages \$21,087.37	4. Social security tax withheld \$1,307.42			
PO BO	TECKTRONICS		5. Medicare w	ages and tips \$21,087.37	6. Medicare tax v	vithheld \$305.77	
CHARLOTTE NC 28202		7, Social secur	ity tips	8. Allocated tips	1.1		
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. Nonqualifier	11. Nonqualified plans		ions for box 12 \$900.00		
		13, Statutory Employee	Retirement Third-party Plan sickpary	12b. DD	\$2,158.00		
			14. Other		12c.		
					12c.		
15. State	Employer's state ID number	16, State wages, tips, etc.	17, State income tax	18, Local wages, tips, etc.	19. Local income t	ax 20. Locality nam	
	130XXXXXXX	\$20,187.37	\$423.00	Head and the second			

		ree's social security number 052-XX-XXXX				
b. Employer Ident 13-1XXX	trication number (EIN) XXX	-		other compensation 34,858.42	2. Federal income tax \$1,5	withheld 75.50
c. Employer's name, address, city state and ZIP Code G.K. ASSOCIATES, INC 313 TAYLOR STATESVILLE NC 28677		3, Social secur	ity wages 334,858.42	4. Social security tax withheld \$2,161.22		
		5. Medicare w	ages and fips 334,858.42	6. Medicare tay withh \$5	ы 05.45	
		7. Social secur	ty tips	8. Allocated tips		
d. Control number			9.		10. Dependant care be	enefits
e. Employee's name (first, initial, last), address, city, state and ZIP code JANICE CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		11. Nonqualifie 13. Statutory Employee		12a. See instructions f	or box 12	
			14. Other		12c.	
					12c.	
15. State Empl	loyer's state ID number	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 nam
	IXXXXXXX			THE R. LEWIS CO., LANSING MICH. & MICH. & MICH. & MICH.		

EMPLOYMENT SECURITY COMMISSION		1 Unemployment compensation \$7,550.00 2 State or local income tax refunds, credits or offsets		2015	Certain
				Form 1099-G	Government Payments
PAYER'S Federal identification number 13-4XXXXXX	RECIPIENT'S identification number 051-XX-XXXX	, Box 2 am	ount is for tax year	4 Federal income tax wit	hheld Copy B For Recipient
JEREMY CLARK 1129 CHARLES ST YOUR CITY STATE ZIP		1 1		6 Taxable grants	This is important tax information and is being furnished to the
				8 If checked, box 2 is trade or business income >	Internal Revenue Service. If you are required to file a return, a negligence
		9 Market g	ain		penalty or other sanction may be
		10. State	10b State identificati	on no 11 State income tax	taxable and the IRS
					determines that is has not been reported.

PAYER'S name, address, city, state, ZIP code ACE FINANCIAL CORPORATION 726 MAIN ST CHERRYVILLE NC 28201		Payer's RTN (optional)	2015	Interest Incom		
		1 Interest income \$220.75	Form 1099-INT			
		2 Early withdrawal penalty			Copy B For Recipient	
PAYER'S Federal identification number 13-3XXXXXX	RECIPIENT'S identification number 051-XX-XXXX	3 Interest on US Savings Bonds	This is important tax information and is			
RECIPIENT'S name, address, city, state JEREMY A CLARK	e, and ZIP code	4 Federal income tax withheld	5 Investment expenses		being furnished to the Internal Revenue Service, If you are	
1129 CHARLES ST YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign Country or US	possession	required to file a return, a negligence penalty or other	
Account number (see instructions)		8 Tax exempt interest	9 Specified private activity bond interest 11 Bond Premium		penaity or other sanction may be imposed on you if this income is taxable and the IRS determines that is has not been reported.	
		10 Market Discount				
		12 Tax-exempt bond CUSIP no	13 State 14 State Ide	ntification no.	15 State tax withheld	

		D (if che	ecked)			
PAYER'S name address, city, state, ZIP code FIRST UNITED BANK 1125 S 12TH ST PHILADELPHIA PA 19102		1 Total On	dinary Dividends \$197.00	2	015	Dividends and Distributions
		1b Qualfie	d Dividends	For	m 1099-DIV	
		2aTotal taj	pital gain distr. \$50.00	2b Unneca	ap. Sec. 1250 gain	Сору В
PAYER'S Federal identification number RECIPIENT'S identification number 052-XX-XXXX		2c Sector	n 1202 gain	2d Collectables (28%) gain		For Recipient
RECIPIENT'S name, address, city, state	, ZIP code	3 Nondivid	lend distributions	4 Federal income tax withheld		K martine
JANICE CLARK 1129 CHARLES ST YOUR CITY STATE ZIP				5 Investment expenses		This is important tax information and is being furnshed to the Internal Revenue
		6 Foreign 1	Tax Paid	7 Foreign	Country or US possess	ion Service. If you are required to file a
		8 Cash liquidation distributions 9 Noncash		h liquidation distribution	return, a negligence penalty or other sanction may be	
		10 Exempt-Interest dividends		11 Specified private activity bond interest dividends		imposed on you if this income is taxable and the IRS determines that is has
Account number (see instructions)				15 State tax withheld	not been reported.	
Form 1099-DIV	Form 1000-DIV					

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

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

Copy B for Recipient

2008 FORM 1099 – I	NT: 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
б.	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

V: DIVIDEND INCOME	(OMB NO. 1545-0110)
	(AMOUNT)
Total Ordinary Dividends	620.05
Qualified Dividends	511.46
Total Capital Gain Distributions	394.12
Unrecaptured Section 1250 Gain	0.00
Section 1202 Gain	0.00
Collectibles (28%) Gain	0.00
Nondividend Distributions	0.00
Federal Income Tax Withheld	0.00
Investment Expenses	0.00
Foreign Tax Paid	0.00
Cash Liquidation Distributions	0.00
Noncash Liquidation Distributions	0.00
	Qualified Dividends Total Capital Gain Distributions Unrecaptured Section 1250 Gain Section 1202 Gain Collectibles (28%) Gain Nondividend Distributions Federal Income Tax Withheld Investment Expenses Foreign Tax Paid Cash Liquidation Distributions

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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

2015 FORM 1099B: PROCEEDS FROM BROKER AND BARTER EXCH TRANSACTIONS

(OMB NO. 1545-0715)

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

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 3

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

(OMB NO. 1545-0715)

Copy B for Recipient

2015 FORM 1099B: PROCEEDS FROM BROKER AND BARTER EXCH TRANSACTIONS Long-Term Transactions for Which Basis is not Reported to the IRS: Report on Form 8949, Part II with Box E checked

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

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	Social Security
011-XX-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR JAMES CHARLES SCOTT	012-XX-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR ANNETTE VASQUEZ SCOTT
For Tax-Aide Training Purposes Only	For Tax-Aide Training Purposes Only
Social Security	social Security
013-XX-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR MORRIS JAMES PETERSON	014-XX-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR BEVERLY A SCOTT
For Tax-Aide Training Purposes Only	For Tax-Aide Training Purposes Only
Bocial Security	
015-XX-XXXX THIS NUMBER HAS BEEN ESTABLISHED FOR KAREN MARIE VASQUEZ	
KAREN MARIE VASQUEZ	
For Tax-Aide Training Purposes Only	
AMES C SCOTT NNETTE V SCOTT 024 FOREST AVE	12
For Tax-Aide Training Purposes Only AMES C SCOTT ANNETTE V SCOTT 024 FOREST AVE YOUR CITY STATE ZIP	12 \$
	12

Form 13614-C (October 2014)		Int		•		sury - Internal		^{Service}	heet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	2, 1099, 1098 5 for all perso	ons on yo	our tax i	return.	 Please You ar complete 	comple e respoi ete and a	te pages 1 nsible for ti accurate in	-3 of this fo he informat formation.	ion on you		Please pro nteer prepa	
Part I – Your Personal Inform	nation												
1. Your first name James				M.I. C	Last nam Scott	пе					I Ye		No
2. Your spouse's first name Annette				M.I. V	Last nam Scott	ne					ls you ≭ Ye	ir spouse a l s	J.S. citizen? No
3. Mailing address 1024 Forest Avenue							City Your City				State Your S		P code our Zip
4. Telephone number(s) 218-5	55-xxxx				Email add	dress (optio	onal)						
5. Your Date of Birth 8/15/19576. Your job title Handyman						ear, were y and perma		lisabled [Yes 🗴	a. Full tir No c. Le	ne stude gally blir		es ː No es ː No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	;		10. Last y	/ear, was y	our spou	use:		a. Full tir	ne stude	nt 🗌 Y	es 🗵 No
1/11/1958	School Cour	nselor			b. Totally	and perma	anently d	lisabled [Yes 🗴	No c. Le	gally blir	nd 🗌 Y	es 🗵 No
11. Can anyone claim you or y	-			🗌 Yes			Unsure						
12. Have you or your spouse:		a. Been a vict		tity thef	t? ⊻ Y	'es 🗌	No	b. Adopted	d a child?	Yes	🗶 No		
Part II – Marital Status and													
1. As of December 31 of last ye were you:	× N	b Divorced or Le	. Did you . Was you	live with Ir marria parated	i your spo age recogi Date	use during nized unde	any par er the law	t of the last vs of the sta	six months o te(s) you are intenance ag	of 2014? e filing in?	× Y(× Y(es 🗌 No	Unsure
 List the names below of: everyone who lived with your second second	ou last vear i	(other than vo	nu or vour	snouse	.)			If add	litional space	e is needed	check he	ere 🗌 and li	st on page 3
• anyone you supported but				Spouse					To be con	npleted by	a Certifi	ied Volunte	er 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	Citizen (yes/no)	or Mexico last year (yes/no)		Student last year (yes/no)	Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	person p provide h more than th 50% of c their own (support?	id this erson ave less han \$3950 f income? <i>ves/no)</i>	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?
(a) Morris Peterson	(b)	(c) Grandchild	(d) 12	(e) Y	(f) Y	(g) S	(h) Y	(i) N	(yes/no)	(yes/no)			(yes/no)
Beverly Scott	3/28/1992	Daughter	12	I Y	Y I	S S	Y I	N N					
Karen Vasquez	11/6/1960	-	12	I Y	Y I	S S	I N	N Y					
	11/0/1700	515101	10		1	5	11	1					
Catalog Number 52121E		ers are traine unethical bel				s at <u>wi.vo</u> l					05	rm 13614-0	(Rev. 10-2014)

Scott

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				Page 2						
Yes	No	Unsure	Check appropriate box for each question in each section							
Part	III – In	ncome –	Last Year, Did You <i>(or Your Spouse)</i> Receive							
×			1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year?							
	×		(A) Tip Income?							
×			(B) Scholarships? (Forms W-2, 1098-T)							
×			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)							
	×		I. (M) Income (or loss) from Rental Property?							
×			5. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify Gambling							
Part	V – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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?							
	V – Li	fe Event	ts – 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?							
Catalo	g Numb	per 52121E	Form 1361	1-C (Rev. 10-2014)						

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Scott

er (EIN) y state and ZIP Code HOOL DISTRICT 19808	3. Social secu 5. Medicare w	\$18,576.50 vages and fips \$18,575.50 rity tips	4. Social security ta \$1 6. Medicare tax wit 8. Allocated tips 10. Dependant care	\$728.00 ax withheld .,151.74 thheld \$269.36
HOOL DISTRICT 19808	5. Medicare w 7. Social secu 9.	\$18,576.50 vages and fips \$18,575.50 rity tips	\$1 6. Medicare tax wit 8. Allocated tips 10. Dependant care	.,151.74 ^{thheld} \$269.36
19808	7. Social secu 9.	\$18,575.50 rity tips	8, Allocated tips 10. Dependant care	\$269.36
	9.		10. Dependant care	e benefits
	i i			e benefits
1.4 11	11 Mana abba	1.1.1	17. Free 2000	
, last), address, city, state and ZIP code -	11. Nonqualme	ed plans	128, See Instruction	ns for box 12
ANNETTE V SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		13, Statutory Retirement Third-party Employee Plan sickpay		
	14. Other		12c.	
			12c.	
D number 16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19, Local income tax	20, Locality nam
\$18,576,50	\$834.00)		
D	number 16. State wages, tips. etc. \$18,576.50	And the restorement of 72.0. Not us if it is a line to the second s		\$18,576.50 \$834.00

PAYER'S name, address, city, state, ZIP code TOMPKINS FINANCIAL 125 E MAIN ST WILMINGTON DE 19810		Payer's RTN (optional)	20	15 Int	terest Income	
		1 Interest income \$325.90		099-INT		
		2 Early withdrawal penalty \$32.59			Copy B For Recipient	
PAYER'S Federal identification number 13-3XXXXXX	RECIPIENT'S identification number 011-XX-XXXX	3 Interest on US Savings Bonds	This is important tax information and is being furnished to the Internal Revenue Service. If you are			
RECIPIENT'S name, address, city, state, and ZIP code JAMES & ANNETTE SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP Account number (see instructions)		4 Federal income tax withheld		5 Investment expenses		
		6 Foreign Tax Paid	 7 Foreign Country or US possession 9 Specified private activity bond interest 		required to file a return, a negligence penalty or other	
		8 Tax exempt interest \$450.00			sanction may be imposed on you if this income is taxable and the TPS	
		10 Market Discount	11 Bond Pre	emium	taxable and the IRS determines that is has not been reported.	
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no	o. 15 State tax withheld	

	CORRECTE	D (if che	ecked)			
PAYER'S name, address, city, state, ZIP code TOMPKINS FINANCIAL 125 E MAIN ST WILMINGTON DE 19810 PAYER'S Federal identification number 13-3XXXXXX 011-XX-XXXX		1 Total Ordinary Dividends \$850.00 2015			Dividends and Distributions	
		1b Qualifie	d Dividends \$29.00	Form	n 1099-DIV	
		2aTotal ca	pital gain distr.	2b Unrec	ap, Sec. 1250 gain	1
		2c Sector	n 1202 gain	2d Collec	tables (28%) gain	Copy B For Recipient
RECIPIENT'S name, address, city, state	e, ZIP code	3 Nondivid	lend distributions	4 Federa	l income tax withheld	11.19-4.24
JAMES & ANNETTE SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP Account number (see instructions)		11	11	5 Investi	ment expenses	This is important tax information and is being furnished to the Internal Revenue
		6 Foreign 7	Tax Paid	7 Foreign Country or US possessio		
		8 Cash Iquidation distributions		9 Noncash liquidation distribution		return, a negligence penalty or other sanction may be
		10 Exempt	-Interest <mark>dividend</mark> s		fied private activity interest dividends	 imposed on you if this income is taxable and the IRS cetermines that is has
		13 State 14 State Identification no. 15 State tax w		15 State tax withheld	not been reported.	
				*****	*********	
Form 1099-DIV			1			

2015	Rents	PAYER'S name, address, city, state, ZIP code RICK'S HOME CARE 14 LINDEN WAY WILMINGTON DE 19850		
Form 1099-MISC	Royalties			
4 Federal income tax withheld	Other Income			
6 Medical and health care payments	i Fishing boat proceeds	PAYER'S Federal identification number 16-0XXXXXX 011-XX-XXXX		
Substitute payments in lieu of dividends or interest	Nonemployee Compensation	RECIPIENT'S name, address, city, state, ZIP code JAMES SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP Account number (see instructions)		
10 Crop Insurance proceeds	9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >			
12	1			
14 Gross proceeds paid to an attorney	3 Excess golden parachute poyments			
17 State/Payer's state no.	6 State tax withheld	15b Section 409A income	15a Section 409A deferrals	
	Federal income tax withheld Medical and health care payments Substitute payments in lieu of dividends or interest O Crop Insurance proceeds	2 Royalties Form 1099-MISC 3 Other Income 4 Federal income tax withheld 5 Fishing boat proceeds 6 Medical and health care payments 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 > 10 Crop Insurance proceeds 11 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney.	2 Royables 2 Royables 2 Out 5 Form 1099-MISC 3 Other Income 4 Federal income tax withheld ar RECIPIENT'S identification number 011-XX-XXXX 5 Fishing boat proceeds 6 Medical and health care payments state, ZIP code 7 Nonemployee Compensation \$8,500.00 8 Substitute payments in lieu of dividends or interest IP 9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > 10 Crop Insurance proceeds 11 12 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney	

) (if checke	d)				
PAYER'S name, address, city, state, ZIP code MASON COUNTY PENSICN FUND 240 OLD COUNTRY RD WILMINGTON DE 19808 PAYER'S Federal identification number 12-3XXXXXX RECIPIENT'S identification number 011-XX-XXXX		1 Gross distribution \$12,250.00		2015		Distributions From Pensions, Annuities, Retirement or Profit-Sharing	
		2a Taxable amou \$12	,250.00	Form 10	99-R	Plans, IRAs. Insurance	
		2b Taxable amou not determin		Total Distribution]	Contracts, etc.	
		3 Capital gain (in in box 2a),	No Petri andi		。 \$.00		
RECIPIENT'S name, address, city, state, ZIP code JAMES C SCOTT 1024 FOREST AVE YOUR CITY STATE ZIP		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		fcderal tax return. If this form shows federal income tax withheld in box 4, attach	
		7.Distribution Code(s) 3	IRA/ SEP/ SIMPLE	8 Other	*		
		9a Your percentage of total distribution %		9b Total Employee Contributions		is being furnished to the Internal Revenue Service	
10, Amount allocable to IRR within 5 years			12. State tax withheld \$.00		ile no.	14. State Distribution \$.00	
Account number (see instructions)		15. Local tax withheld		16. Name of Locality		17. Local Distribution	
Form 1099-R							

PAYER'S name, address, city, state, and ZIP code SEASIDE CASINO	1. Gross winnings \$6,000.00	2. Date won 10/30/2015	2015	
1000 MAIN ST ATLANTIC CITY NJ 08401	3. Type of wager SLOTS	4. Federal income tax withheld \$600.00	Form W2-G	
	5. Transaction	6. Race	Certain	
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8, Cashier	Gambling Winnings	
14-4XXXXXX 336-555-1212	9. Winner's taxpayer identification no. 011-XX-XXXX	10. Window	This information is being furnished	
WINNER'S name, address, city, state, and ZIP JAMES C SCOTT	11. First I.D. DRIVERS LIC	12. Second I.D. CREDIT CARD	to the Internal Revenue Service	
1024 FOREST AVE YOUR CITY STATE ZIP	13. State Payer's identification no. NJ - 144XXXXXXX	14, State Winnings	Copy B Report this income	
	15. State income tax withheld \$300.00	16. Local Winnings	on your federal tax return. If this form shows federal income	
	17. Local income tax withheld	18. Name of locality	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 correctly identify me as the recipient of this payment and any payment				
Signature >	Date >			

		D (if checked)			
FILER'S name, address, city, state, and MASON COUNTY COM 125 COLLEGE DRIVE WILMINGTON DE 198	MUNITY COLLEGE	1 Payments received for qualified tuition and related expenses \$12,500.00 2 Amounts billed for qualified tuition and related expenses	20 15 Form 1098-T	Tuition Statement	
FILER'S Federal identification number 16-1XXXXXX	STUDENT'S social security number 014-XX-XXXX	3 If this box is checked, your e has changed its reporting me	Copy B For Student		
STUDENT'S name, address, city, state BEVERLY SCOTT 1024 FOREST AVE	and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants \$4,000.00	This is important tax information and is being	
YOUR CITY STATE ZI	p	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January March 2014. >	furnished to the Internal Revenue Service.	
Service Provider/Actt No. (see instr.)	8. Checked if at least half-time student X	9 Checked if a graduate student	10 Ins. contract reimb/refund		

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 estmated 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.







-32-	Form 13614-C (October 2014)		Int		•		sury - Interna Qualit		^{Service}	heet			OMB N 1545-		
	You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	2, 1099, 1098 6 for all perso	our tax	return.	 Please You ar complete 	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.								
Ľ	Part I – Your Personal Inform	ation													
_	1. Your first name Albert				M.I.	Last name Meadows							Are you a U.S. citizen? I Yes □ No		
_	2. Your spouse's first name M.I. Last name Is your spouse a U.S. citiz Lois Meadows Yes No														
	 Mailing address North Street 							City Your City				State Your S		P code our Zip	
	4. Telephone number(s) 352-22	22-xxxx				Email add	dress (opti	onal)							
	5. Your Date of Birth	6. Your job	title			7. Last ye	ar, were y	ou:			a. Full	time stude	nt 🗌 Y	es 🗴 No	
	1/17/1954	Retired				b. Totally	and perma	anently c	lisabled	Yes 🗴	No c. l	_egally blir	nd 🗌 Y	es 🗴 No	
_	8. Your spouse's Date of Birth 3/15/1975	9. Your spo Teacher	ouse's job title	9		-	/ear, was y and perma	-		Yes 🗴		time stude _egally blir			
ľ	11. Can anyone claim you or yo	our spouse o	on their tax re	turn?	□ Yes		•	Unsure				<u> </u>			
	12. Have you or your spouse:		a. Been a vict		ntity thef	t? 🗌 Y	′es 🗵	No	b. Adopted	d a child?	🗌 Yes	🗶 No			
Ľ	Part II - Marital Status and	I – Marital Status and Household Information													
	were you:		b. Divorced or Le	. Was you	ur marria parated	ige recog Date	nized unde	er the law	vs of the sta	six months (te(s) you are intenance ag	e filing in?			Unsure	
	2. List the names below of:		(,			lf add	litional space	e is neede	d check he	ere 🗌 and li	st on page 3	
L	 everyone who lived with yo anyone you supported but 				spouse)				To be co	npleted b	y a Certif	ied Volunte	er Preparer	
	Name (first, last) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter, parent, none, etc)		Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Married as of 12/31/14	Student last year	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own support?	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?	
	(a)	(b)	(C)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)		() 00/110/	(yes/no)	
	Warren Meadows	6/21/2000	Son	12	Y	Y	S	Y	N						
	Catalog Number 52121E		ers are traine unethical bel				s at <u>wi.vo</u>					205		(Rev. 10-2014	

				Page 2
Yes	No	Unsure	Check appropriate box for each question in each section	
Part I	III – In	come –	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 I		xpenses	s – 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 – Li	fe Event	ts – Last Year, Did You (or Your Spouse)	
	x		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?	
Catalo	g Numb	oer 52121E	Form 13614	-C (Rev. 10-2014)

Meadows

မ္မ

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. Emplo	yee's social security number 126-XX-XXXX						
b. Employer Identification number (EIN) 11-4XXXXXXX		1, Wages, tips	, other compensation \$8,999.56	2. Federal income tax withheld \$925.98			
c. Employer's name, address, city state ar ELMONT ELEMENTARY S		3. Social secur	ity wages \$9,449.56	4. Social security tax withheld \$585.87			
	CHOOL	5. Medicare w	ages and tips \$9,449.56	6. Medicare tax withheld \$137.02			
640 MAIN ST WILMINGTON DE 19803		7. Social secur	ity tips	8. Allocated tips			
d. Control number		9.		10. Dependant ca	ire benefits		
e. Employee's name (first, initial, last), add LOIS MEADOWS	dress, city, state and ZIP code	11. Nonqualifie	d plans	12a. See instructions for box 12 D \$4			
24 NORTH STREET		13. Statutory Employee	Retirement Third-party Plan sickpay	12Ь.			
YOUR CITY STATE ZIP	14. Other		12c.				
				12c.			
15. State Employer's state ID number YS 114XXXXXXX	16. State wages, tips, etc. \$8,999.56	17. State income tax \$125.00	18. Local wages, tips, etc.	19. Local income ta	ax 20. Locality nam		
		φ123.00	*********				
orm W-2 201	5						

PAYER'S name, address, city, state, ZIP code MARSHLAND NATIONAL BANK		Payer's RTN (optional)	20	15 Inte	erest Income	
200 MAIN STREET WILMINGTON DE 19803		1 Interest income \$236.54	Form 10	상황한 []		
PAYER'S Federal identification number RECIPIENT'S identification number		2 Early withdrawal penalty \$23.06			Copy B For Recipient	
PAYER'S Federal identification number 11-2XXXXXX	3 Interest on US Savings Bonds and Treas, obligations \$532.00		oligations	This is important tax information and is		
RECIPIENT'S name, address, city, state ALBERT MEADOWS	4 Federal income tax withheld	5 Investment expenses		being furnished to the Internal Revenue Service. If you are		
24 NORTH STREET YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign Co	untry or US possession	required to file a return, a negligence penalty or other	
Account number (see instructions)		8 Tax exempt interest	9 Specified pr interest	9 Specified private activity bond impos interest t		
		10 Market Discount	11 Bond Prem	ium	taxable and the IRS determines that is has not been reported.	
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld	

	CORRECTE	D (if che	ecked)					
PAYER'S name, address, city, state, ZIF		1 Total On	dinary Dividends \$232.00	2	2015	Dividends and Distributions		
105 JUDGE ST TORONTO, ON CANADA		1b Qualifie	Qualified Dividends \$232.00	For	m 1099-DIV			
		2aTotal capital gain distr. 2 \$45.00		2b Unrecap. Sec. 1250 gain		Сору В		
PAYER'S Federal identification number 11-1XXXXXXX	RECIPIENT'S identification number 125-XX-XXXX	2c Sector	n 1202 gain	2d Colle	ectables (28%) gain	For Recipient		
RECIPIENT'S name, address, city, state, ZIP code		3 Nondividend distributions		4 Federal income tax withheld				
ALBERT MEADOWS 24 NORTH ST YOUR CITY STATE ZIP		5 Investment expenses		This is important tax information and is being turnished to the Internal Revenue				
					Tax Paid \$34.80	7 Foreig	gn Country or US possessi	on Service. If you are required to file a
		8 Cash Iquidation distributions 9 Noncash liquidation distribution		ash liquidation distribution	 return, a negligence penalty or other sanction may be 			
		10 Exempt	-Interest dividends	ds 11 Specified private activity bond interest dividends		imposed on you if this income is taxable and the IRS cetermines that is has		
Account number (see instructions)		13 State	14 State Identifica	ation no.	15 State tax withheld	not been reported.		
		******		*****				
Form 1099-DIV	*		1		6			

nated Roth	5.00 X	withheld	9-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.
Za). yee contributiv nated Roth	d	withheld		
nated Roth		4 Federal income tax withheld \$200.00		Copy B Report this income on your
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		federal tax return. If this form shows federal income tax withheld in box 4, attach
) S		8 Other	%	this copy to your return. This information
vercentage of t	total %	9b Total Employee Contributions	I	is being furnished to the Internal Revenue Service
12. State tax withheld		13, State/Payer's state no. 113XXXXXX		14. State Distribution \$1,975.00
tax withheld		16. Name of Locality		17. Local Distribution
) est	ercentage of tion	sep/ SIMPLE IX arcentage of total tion %	sep SMPLE arcentage of total scontributions % tax withheld 13. State/Payer's stat 113XXXXXXX	server server state no.

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD	20 15	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD			
844 N. RUSH ST. CHICAGO, IL 60611-2092	3. Employee Contributions	\$38,442.56			
PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX	4. Contributory Amount Paid				
1.Claim Number and Payee Code	4. Contributory Amount Falu	\$21,569.56	COPY B -		
A125XXXXXX	5. Vested Dual Benefit				
2. Recipient's Identification Number 125-XX-XXXX	6. Supplemental Annuity		THIS INFORMATION IS BEING		
Recipient's Name, Address, City, State and ZIP Code	7. Total Gross Paid	\$21,569.56			
ALBERT MEADOWS	8. Repayments				
24 NORTH STREET YOUR CITY STATE ZIP	9. Federal Income Tax Withheld	\$1,420.00	FURNISHED TO THE INTERNAL REVENUE SERVICE.		
	10. Rate of Tax		11 Country 12 Medicare Premium		
Form RRB-1099-R					

	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 name, address, city, state an LOIS MEADOWS 24 NORTH STREET YOUR CITY STATE ZIP	BORROWER'S social security number 126-XX-XXXX nd ZIP code	1 Student loan interest received by lender \$175.00	Copy B For Borrower 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
Service Provider/Acct No. (see instr.)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made befor September, 1 2004'	this income is taxable and the IRS determines that is has not been reported,
Form 1098-E			

Form 1095-A	Hoalt	h Insurance M	arkotala	co Staton	nont	OMB No. 1545-2232		
Form LUSS-A Department of the Treasury Internal Revenue Service	> Infor	mation about Form 1095-A ar www.irs.gov/from1095a.			RECTED	2015		
Part I Recipient Info	rmation							
1 Marketplace Identifier 12-333XXXX		2 Marketplace-assigned policy numb XXXXXX		3 Policy issuer's name INSURER				
4 Recipient' name ALBERT MEADOWS	5		the second se	pient's 55N 125-XX-XXXX		17/1954		
7 Recipient' spouses's name LOIS MEADOWS	1 · · · · ·		8 Recipier 12			spouse's date of birth 15/1975		
10 Policy start date		11 Policy Termination Date						
01/01/2015	1.4	12/31/2015	24	NORTH STREET		-		
13 City, State, Country and ZIP YOUR CITY STAT								
Part II Coverage Hou		- 1. C. C.				and the second		
A Covered I	ndividual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E	. Termination Date		
16 ALBERT MEADOW	S	125-XX-XXXX	07/17/1954	4 01/01/20	15	12/31/2015		
1/ LOIS MEADOWS		126-XX-XXXX	03/15/1975	5 01/01/20	15	12/31/2015		
18 WARREN MEADOW	VS	127-XX-XXXX	06/21/2000	No		12/31/2015		
19								
20								
Part III Household Inf	ormation	and the second of	Sec. Sec.	And Anna a				
Month A Monthly Pre	mium Amount B	Monthly Premium Amount of Second L	owest Cost Silver Plan (S	SLCSP) C. Monthly Adv	ance Payment (of Premium Tax Credit		
21 January	\$147.67		\$125.00			\$.00		
22 February	\$147.67		\$125.00			\$.00		
23 March	\$147.67		\$125.00			\$.00		
24 April	\$147.67		\$125.00			\$.00		
25 May	\$147.67		\$125.00			\$.00		
26 June	\$147.67		\$125.00			\$.00		
27 July	\$147.67		\$125.00			\$.00		
28 August	\$147.67		\$125.00			\$.00		
29 September	\$147.67		\$125.00			\$.00		
30 October	\$147.67		\$125.00			\$.00		
31 November	\$147.67		\$125.00		8 10	\$.00		
32 December	\$14/.6/		\$125.00			\$.00		
33 Annual Totals	\$1,772.04	\$	1.500.00			\$.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.



Form 13614-C (October 2014)		Int		-		sury - Internal Qualit		^{Service}	heet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perso	ons on yo	our tax ur spou	return. ıse.	 You ar complete 	e responents to the responent to the test of test	nsible for t accurate in	-3 of this for he informati formation. ease ask the	ion on yo		-	
Part I – Your Personal Inform	ation												
1. Your first name				M.I.	Last nam	ne						ou a U.S. citi	
James				C M.I.	Wilson Last nan						× Ýe		No
2. Your spouse's first name									ir spouse a U s	No			
3. Mailing address 10250 Wilder Road			1		1		City Your City				State Your S		P code our Zip
4. Telephone number(s) 956-55	55-xxxx				Email add	dress (optio	onal)						
5. Your Date of Birth	6. Your job	title			7. Last ye	ar, were y	ou:			a. Full t	time stude	nt 🗌 Ye	es 🗵 No
8/25/1951	Office Mana	ager			b. Totally	and perma	anently c	lisabled [Yes 🗴	No c. L	_egally blir	nd 🗌 Ye	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	;		10. Last y	vear, was y	our spou	use:		a. Full t	time stude	nt 🗌 Ye	es 🗌 No
					b. Totally	and perma	anently c	lisabled [Yes 🗌	No c. l	_egally blir	nd 🗌 Ye	es 🗌 No
11. Can anyone claim you or ye	our spouse o	on their tax re	turn?	□ Yes	×N	lo 🗌	Unsure						
12. Have you or your spouse:		a. Been a vict		tity thef	t? 🗌 Y	′es ∡	No	b. Adopted	d a child?	🗌 Yes	🗶 No		
Part II – Marital Status and		ld Informati Single (This ir											
were you: 2. List the names below of: • everyone who lived with you		b Divorced or L Widowed Y	. Was you egally Sep ear of spo	ir marria barated buse's d	age recog Date eath	nized unde	er the law	vs of the sta eparate ma	six months o ate(s) you are intenance ag litional space	e filing in? greement		es 🗌 No	Unsure
• anyone you supported but				spouse)				To be cor	npleted b	y a Certif	ied Volunte	er 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	Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/14 (<i>S/M</i>)	(yes/no)	Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own support?	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 thar half the cost o maintaining a home for this person?
(a) Jarrod Wilson	(b) 9/8/1989	(c) Son	(d) 12	(e) Y	(f) Y	(g) S	(h) Y	(i) N	(yes/no)	(yes/no)			(yes/no)
Anthony Murray	3/9/2000	Grandson	12	Y	Y	S S	Y	N N					
	5/ 7/ 2000		12	1	1	6	1						
		ers are traine unethical be										1	

Wilson

-39-

					Page 2
	Yes			Check appropriate box for each question in each section	
-40-	Part I	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> Receive	
Г	×			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 l	V – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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)	
Wilson				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 \	/ – Li	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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?	
		×			-C (Rev. 10-2014)
	Catalog	y inumb	er 52121E	www.irs.gov Form 13614	-• (Rev. 10-2014)

		vee's social security number 131-XX-XXXX						
24 CO 26 CO 26 CO	r Identrication number (EIN) XXXXXXX			other compensation	2. Federal income tax \$(withheld 562.00		
	s name address, city state an GREEN NURSERY CC		3. Social secur	ity wages \$14,873.12	4. Social security tax withheld \$922.13			
2300	W GREEN ST	JMPAINT	5. Medicare w	ages and fips \$14,873.12		6. Medicare tax withheld \$215.66 8. Allocated tips		
CHARI	OTTE NC 28205		7. Social secur	ity tips	8. Allocated tips			
d. Control n	umber		9.		10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JAMES C WILSON 10250 WILDER ROAD		11. Nonqualifie	Retirement Third-party	12a. See instructions D	for box 12 \$2,000.00			
YOUR	CITY STATE ZIP		Employee 14. Other	Plan sickpay	12c.			
					12c.			
15. State YS	Employer's state ID number	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 nan		
	N-2 201							

PAYER'S name, address, city, state, ZIP code DAVIS INVESTMENT SERVICES		Payer's RTN (optional)	20	15 In	erest Income	
175 N TUCKER BLVD RALEIGH NC 27603		1 Interest income \$756.00		099-INT		
		2 Early withdrawal penalty			Copy B For Recipient	
PAYER'S Federal identification number 16-7XXXXXX	RECIPIENT'S identification number 3 Interest on US Savings Bonds and Treas. obligations				This is important tax information and is	
RECIPIENT'S name, address, city, state JAMES C WILSON	4 Federal income tax withheld	5 Investme	nt expenses	being furnished to the Internal Revenue Gervice. If you are		
10250 WILDER ROAD YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign Country or US possession		required to file a return, a negligence penalty or other	
Account number (see instructions)		8 Tax exempt interest	9 Specified private activity bond interest		sanction may be imposed on you if this income is taxable and the IRS	
		10 Market Discount	11 Bond Pre	mium	determines that is has not been reported.	
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification n	o. 15 State tax withheld	

	CORRECTE	D (if che	ecked)			Statistics of Car	
PAYER'S name, address, city, state, ZII FIELDS INVESTMENT CO		1 Total On	dinary Dividends \$857.00	201	5	Dividends and Distributions	
2121 SPRUCE ST PITTSBURGH PA 15219		1b Qualifie	d Dividends \$857.00	Form 1099-	עוס		
		2aTotal ca	pital gain distr.	2b Unrecap, Sec, 12	250 gain		
PAYER'S Federal identification number 16-8XXXXXX	RECIPIENT'S identification number 131-XX-XXXX	2c Section	n 1202 gain	2d Collectables (289	%) gain	Copy B For Recipient	
RECIPIENT'S name, address, city, state, ZIP code JAMES C WILSON 10250 WII DFR ROAD YOUR CITY STATE ZIP		3 Nondivid	lend distributions \$15.45	4 Federal income ta	x withheld	This is important tax	
		TE.		5 Investment expen	Se5	information and is being furnished to the Internal Revenue	
			Tax Paid \$12.75	7 Foreign Country o	or US possession	Service. If you are required to file :	
		8 Cash liquidation distributions 9 Noncash liquidation distribution		n distribution	 return, a negligence penalty or other sanction may be 		
		10 Exempt	-Interest dividends	11 Specified private activity bond interest dividends		imposed on you if this income is taxable and the IRS determines that is has	
Account number (see instructions)		13 State	14 State Identifica	ation no. 15 State tax withheld		not been reported.	

Form 1099-DIV							

OFFICE OF PERSONNEL MA RETIREMENT SERVICES PRO P. O. BOX 45 BOYERS, PA 16017-0045	OCRAM	TATEMENT OF ANNUITY PAID py B - File with Federal tax return	n	2015 OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuites Retirement or Profit- Sharing Plans, IRA's, Insurance Contracts, etc.
PAYER's Federal Identification	Recipient's ID No. (Annuitant)	Account number (Retirement Claim No.)		1. Gross distribution
16-5XXXXXX	131-XX-XXXX	CSA 4567850		\$26,864.00
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums	TO Y	C WILSON VILDER ROAD		Za. Taxable amount
7. Distribution Code(s)	YOUR C	CITY STATE ZIP		4. Federal Income Tax Withheld \$1,380.00
7-NONDISABILITY			State 1	10. State Income Tax Withheld
9b. Total Employer Contributions				
\$49,872.00	117		State 2	11. State Income Tax Withheld

L CORRECTEL	J (If checke	a)	Y same a		Distributions From	
			201	15	Pensions, Annuities, Retirement or	
14		and the second second	1.458.		Profit-Sharing Plans, IRAs.	
			Total Distribution		Insurance Contracts, etc.	
r RECIPIENT'S identification number 131-XX-XXXX	3 Capital gain (in in box 2a).	4 Federal income ta withheld	x	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach		
RECIPIENT'S name, address, city, state, ZIP code JAMES C WILSON 10250 WILDER ROAD YOUR CITY STATE ZIP		oth r	6 Net unrealized appreciation in employer's securiti			es
		IRA' SEP/ SIMPLE	8 Other	%	this copy to your return. This information	
		9a Your percentage of total distribution %			is being furnished to the Internal Revenue Service	
11. 1st year of desig. Roth contrib.	12. State tax withheld \$.00		13. State/Payer's state no. YS/162XXXXXX		14. State Distribution \$5,000.00	
Account number (see instructions)					17, Local Distribution	
	ZIP code ATES INVESTMENTS 14 r RECIPIENT'S identification number 131-XX-XXXX ate, ZIP code	ZIP code 1 Gross distribution ATES INVESTMENTS 1 Gross distribution 14 2a Taxable amounot determine 131-XX-XXXX 3 Capital gain (in in box 2s). ate, ZIP code 5 Employee con / Designated Rx contributions or insurance prem 7.Distribution Code(s) 7 9a Your percenta distribution 11. 1st year of desig. Roth contrib. 12. State tax with	ATES INVESTMENTS 44 55,000.00 2a Taxable amount \$5,000.00 2b Taxable amount not determined. r RECIPIENT'S identification number 131-XX-XXXX ate, ZIP code 5 Employee contributions 7 Designated Roth contributions or insurance premiums 7.Distribution 7 SIMPLE 7 9a Your percentage of total distribution % 11. 1st year of desig. Roth contrib. 12. State tax withheld	ZIP code 1 Gross distribution 201 ATES INVESTMENTS 1 Gross distribution 201 A4 201 201 B4 201 201 B4	ZIP code 1 Gross distribution 2015 ATES INVESTMENTS 1 Gross distribution 2015 H4 2015 Form 1099-R Parable amount 55,000.00 Form 1099-R 2b Taxable amount 1 Total Image: Common and the state of the	

vments received for lived tuition and related enses \$6,100.00 rounts billed for	20 15	Tuition
	the second se	Statement
lified tuition and ted expenses	Form 1098-T	Statement
		Copy B For Student
djustments made for a or year	5 Scholarships or grants \$1,500.00	This is important tax information and is being
dustments to volarships or grants a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January March 2014, >	furnished to the Internal Revenue Service,
ecked if a graduate	10 Ins. contract reimb/refund	
	schanged its reporting met justments made for a x year lustments to olarships or grants a prior year ecked if a graduate	x year \$1,500.00 with the amount in box 1 or 2 includes a prior year period begining 2anuary March 2014. > the amounts for an academic period begining 2anuary March 2014. >

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

		D (if checked)	J		
RECIPIENT'S/LENDER'S name, address, ch BANKERS MORTGAGE CON 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.	Mortgage Interest Statement		
RECIPIENT"S Federal identification number 16-4XXXXXX	PAYER'S Social security number 131-XX-XXXX	1. Mortgage interest received from pa \$5,560.00	Copy B For Payer/Borrower		
PAYER'S/BORROWER'S name, address, oty JAMES C WILSON	, state, and ZIP code	2. Points paid on purchase of principal	The information is 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		
10250 WILDER ROAD YOUR CITY STATE ZIP		3. Refund of overpaid interest			
		4. Mortgage insurance premiums			
Account number (see instructions)		5. Real estate taxes \$2,750.00	this mortgage interest or for these points or because you did not report this refund of interest on your return.		
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.

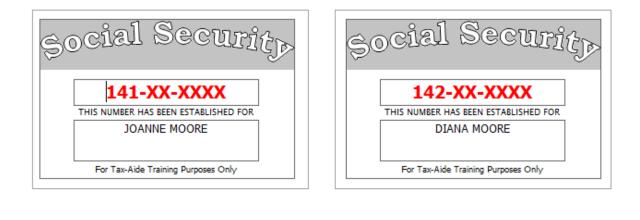
Joanne is repaying a student loan and received a statement from the lending institution showing that she paid \$459.75 in interest last year.

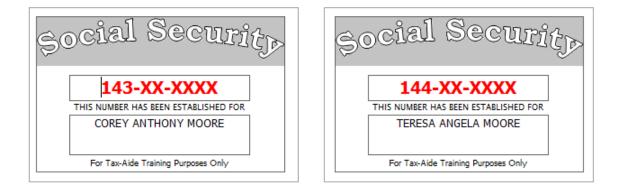
Joanne received a 1099-INT showing some tax-exempt interest, which was also exempt from state tax.

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.





-46-	Form 13614-C (October 2014)		Int		•		sury - Interna Qualit		Service VIEW S	heet			OMB N 1545-	
,	You will need: • Tax Information such as • Social security cards or • Picture ID (such as valic	ITIN letters	2, 1099, 1098 for all perso	s. ons on vo	our tax	return.	 Please You ar complexity 	comple e responente ete and a	ete pages 1 nsible for t accurate in	-3 of this fo he informat formation.	ion on yo		Please prov	
	Part I – Your Personal Inform	ation												
	1. Your first name				M.I.	Last nan	ne						ou a U.S. citi	
	Joanne 2. Your spouse's first name				M.I.	Moore						× Ye		No I O aitiman 2
	2. Your spouse's first name				IVI.I.	Last nan	le					∣is you □ Ye	s spouse a C	J.S. citizen? No
	3. Mailing address 200 Amber Place							City Your City				State Your S		P code our Zip
	4. Telephone number(s) 616-55	55-xxxx				Email add	dress (opti	onal)					·	
	5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full	time stude	nt 🗌 Ye	es 🗵 No
	12/29/1963	Nurse				-	and perm		lisabled	Yes 🗴		Legally blir		
	8. Your spouse's Date of Birth	9. Your spo	ouse's job title	;			/ear, was y					time stude		
	·	•	,			-	and perm	-		🗌 Yes 🗌	No c. l	Legally blir	id □ Ye	
	11. Can anyone claim you or yo	our spouse o	on their tax re	turn?				Unsure						
	12. Have you or your spouse:	i	a. Been a vict	im of ider	tity the	ft? 🗌 Y	′es 🛛 🖈	No	b. Adopted	d a child?	🗌 Yes	🗶 No		
	Part II – Marital Status and	Househo	d Informati	on										
Moore	were you:		b Divorced or Le	. Was you	ır marria barated	age recog Date	nized unde	er the lav	vs of the sta	six months ate(s) you ar intenance a	e filing in?			Unsure
	 List the names below of: everyone who lived with yo 	u last voar	(othor than w	ou or vour	enoued	2)			If add	litional space	e is neede	d check he	ere 🗌 and lis	st on page 3
	• anyone you supported but				spouse	-)				To be co	mpleted b	y a Certifi	ed Volunte	er Preparer
	Name (first, last) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter, parent, none, etc)		US Citizen (yes/no)	of US,	Single or Married as of 12/31/14 (S/M)	Student last year	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own	Did this person have less than \$3950 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person?	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	support? (yes/no)		(yes/no)	(yes/no)
	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					
	Catalog Number 52121E		ers are traine unethical bel				s at <u>wi.vo</u>		•			1205		(Rev. 10-2014)

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				Page 2									
Yes			e Check appropriate box for each question in each section										
Part	III – In	icome –	Last Year, Did You <i>(or Your Spouse)</i> 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										
	IV – E	xpense	s – Last Year, Did You <i>(or Your Spouse)</i> 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 – Li	fe Even	ts – Last Year, Did You <i>(or Your Spouse)</i>										
	×		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?										
Catalo	a Numh	per 52121	E www.irs.gov Form 13614-(C (Rev. 10-2014)									

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e	1.					
		other compensation \$41,600.04	2. Federal income tax withheld \$1,981.65			
	3. Social securi	ty wages 42,985.04	4. Social security tax withheld \$2,665.07			
		5. Medicare wages and tips \$42,985.04 \$623				
	7. Social securi	ty tips	8. Allocated tips			
	9.		10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code JOANNE M MOORE				tions for box 12 \$1,385.00		
200 AMBER PLACE			12b. DD	\$2,895.57		
	14. Other		12c.			
			12c.			
s, etc. 1 00.04	17. State income tax \$1,209.72	18. Local wages, tips, etc.	19. Local income	tax 20. Locality nan		
	AC 13 1		사실 것 같아. 이 나는 것은 중 것 같은 것 같아. 이 나는 것 같아. 이 나는 것 같아. 것 같아. 말 봐요. ^^^^	사실에 가지 않는 것 않는 것 같은 것 같		

		ED (if checked)		-				
PAYER'S name, address, city, state, ZIF BEACON BANK & TRUST		Payer's RTN (optional)	20	15	Inte	erest Income		
123 CHERRYVILLE AVE HARTFORD CT 06101		1 Interest income \$189.35	1.457.0	099-INT				
		2 Early withdrawal penalty		Copy B For Recipient				
PAYER'S Federal identification number 10-6XXXXXX	RECIPIENT'S identification number 141-XX-XXXX	3 Interest on US Savings Bonds		This is important tax information and is				
RECIPIENT'S name, address, city, state JOANNE M MOORE	4 Federal income tax withheld	5 Investment expenses			being furnished to the Internal Revenue Service. If you are			
200 AMBER PLACE YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign (Country or US pos	session	required to file a return, a negligence penalty or other		
		8 Tax exempt interest \$275.00	9 Specified interest	private activity b	ond	sanction may be imposed on you if this income is taxable and the IRS		
		10 Market Discount	11 Bond Premium			determines that is has not been reported.		
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Identifi	tification no. 15 State tax withheld			
Form 1099-INT			4					

Y	DFFICE OF PERSONNEL M. RETIREMENT SERVICES PF P. O. BOX 45 BOYERS, PA 16017-0045	OGRAM	ENT OF SURVIVOR ANNUITY P/ / B - File with Federal tax return	AID	2015	OMB No. 1545-0119 Form: 1099R Distribution From Persions, Annuities Retirement or Profit Sharing Plans, IRA's Insurance Contracts, etc
PA	YER's Federal Identification	Recipient's ID No. (Annuitant)	1	1. Gross distributio	n	
	16-5XXXXXX	141-XX-XXXX	CSA 2916173		\$17	,585.25
D	Employee Contributions/ lesigned ROTH Contributions r Insurance Premiums	TO -> 200 AM	E M MOORE BER PLACE CITY STATE ZIP		2a. Taxable amoun 4. Federal Income	
7.	Distribution Code(s)				1.4	\$.00
4	DEATH BENEFIT			State 1	10. State Income T	ax Withheld
9Ь.	Total Employer Contributions					
	\$34,250.00			State 2	11. State Income T	ax Withheld

PAYER'S name, address, city, state, and ZIP code HIGH ROLLER CASINO	1. Gross winnings \$1,750.00	2. Date won 06/25/2015	2015		
233 CATAWBA HIGHWAY	3. Type of wager BINGO	4. Federal income tax withheld \$175.00	Form W2-G		
RENO NV 89510	5. Transaction	6. Race	Certain		
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8. Cashier	Gambling Winnings		
10-7XXXXXX 775-555-XXXX	9. Winner's taxpayer identification no. 141-XX-XXXX	10. Window	This information is being furnished		
WINNER'S name, address, city, state, and ZIP JOANNE MOORE	11. First I.D.	12. Second I.D.	to the Internal Revenue Service		
200 AMBER PLACE	13. State Payer's identification no.	14. State Winnings	Copy B Report this income		
YOUR CITY STATE ZIP	15. State income tax withheld	16. Local Winnings	on your federal tax return. If this form shows federal income		
	17. Local income tax withheld	18. Name of locality	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 correctly identify me as the recipient of this payment and any payment					
Signature >	Date >				

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 \$16,900.00 2 Amounts billed for qualified tuition and related expenses	20 15 Form 1098-T	Tuition Statement	
FILER'S Federal identification number	STUDENT'S social security number 143-XX-XXXX	3 If this box is checked, your e has changed its reporting me	Copy B For Student		
STUDENT'S name, address, city, state COREY MOORE 200 AMBER PLACE	and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants \$10,000.00	This is important tax information and is being	
YOUR CITY STATE ZI	Ρ	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 2014. >	furnished to the Internal Revenue Service.	
Service Provider/Acct No. (see instr.) 8. Checked if at least half-time student		9 Checked if a graduate student	10 Ins. contract reimb/refund		

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.

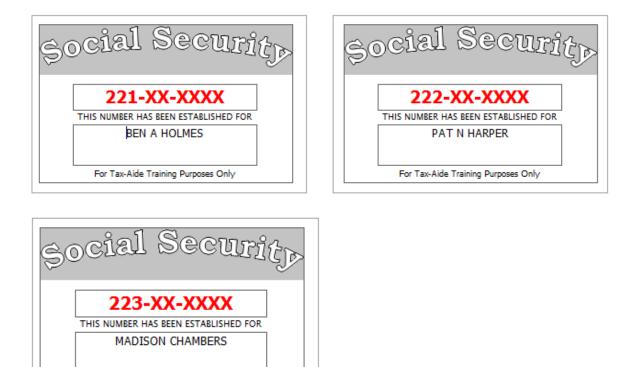
Ben had high unreimbursed medical expenses which may allow him to itemize. He brought a list of his schedule A expenditures. They have never itemized previously. All expenses listed were unreimbursed.

Pat had gambling losses of \$2,550.

For Tax-Aide Training Purposes Only

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.



Form 13614-C (October 2014)		Int				sury - Interna Qualit		^{Service}	heet			OMB N 1545-					
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	2, 1099, 1098 s for all perso	s. ons on yo	our tax	return.	 Please You ar complete 	comple e responete and a	te pages 1 nsible for ti accurate in	-3 of this fo he informat formation.	ion on yo		Please pro nteer prepa					
Part I – Your Personal Inform	ation																
1. Your first name Ben				M.I. A	Last nan Holmes	ne					Are yo ເ∡ Ye	ou a U.S. cit	izen?] No				
2. Your spouse's first name Pat				M.I. N	Last nan Harper	ıe						Is your spouse a U.S. citizen? ✗ Yes □ No					
3. Mailing address 30911 Lost Meadow							City Your City				State ZIP code Your State Your Zip						
4. Telephone number(s) 422-55	5-xxxx				Email add	dress (opti	onal)										
5. Your Date of Birth	6. Your job	title			7. Last ye	ar, were y	ou:			a. Full	time stude	nt 🗌 Y	es 🗵 No				
3/28/1938	Retired				b. Totally	and perm	anently c	lisabled [Yes 🗴	No c. l	Legally blir	nd 🗌 Y	es 🗵 No				
8. Your spouse's Date of Birth 10/30/1940	9. Your spo Deceased	ouse's job title	;		-	ear, was y and perm	-]Yes ∡		time stude Legally blir		es ː No es ː No				
11. Can anyone claim you or yo		on their tax re	turn?	□ Yes		•	Unsure										
11.00111000000000000000000000000000000	-	a. Been a vict					No	b. Adopted	a child?	□ Yes	🗶 No						
Part II – Marital Status and								<u></u>									
		Divorced or Lo	-	arated	Date				te(s) you are intenance ag	-		es 🗌 No	Unsure				
2. List the names below of:everyone who lived with yo	u last vear /	(other than v	ou or vour	snouse)			lf add	litional space	e is neede	d check he	ere 🗌 and li	st on page 3				
• anyone you supported but				spouse	•)				To be co	npleted b	y a Certif	ied Volunte	er Preparer				
Name (first, last) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter, parent, none, etc)		Citizen	Resident of US, Canada, or Mexico last year (yes/no)	Married as of 12/31/14	Student	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own	Did this person have less than \$3950 of income? (yes/no)	support for this person?	half the cost of maintaining a home for this				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	their return? (yes/no)	support? (yes/no)		(yes/no)	person? (yes/no)				
Madison Chambers	4/5/1997	Grandchild	9	Y	Y	S	Y	N									
Catalog Number 52121E		ers are traine unethical be				s at <u>wi.vo</u>					1205	rm 13614-0					

				Page 2							
Yes	No	Unsure	Check appropriate box for each question in each section								
Part I	ll – In	icome –	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	V – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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 – Li	fe Event	ts – Last Year, Did You <i>(or Your Spouse)</i>								
	×		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?								
Catalo	g Numb	oer 52121E	E www.irs.gov Form 13614-	C (Rev. 10-2014)							

Holmes

PAYER'S name, address, city, state, ZIP code FIRST NATIONAL BANK		Payer's RTN (optional)	20	15	Inte	erest Income
100 MAIN STREET INDIANAPOLIS IN 46204		1 Interest income \$26.55		1099-INT		
		2 Early withdrawal penalty		7		Copy B For Recipient
PAYER'S Federal identification number 21-9XXXXXX	RECIPIENT'S identification number 222-XX-XXXX	3 Interest on US Savings Bonds	s and Treas.)	obligations		This is important tax information and is
RECIPIENT'S name, address, city, state PAT N HARPER	e, and ZIP code	4 Federal income tax withheld	5 Investme	nt expenses		being furnished to the Internal Revenue Service. If you are
30911 LOST MEADOW YOUR CITY STATE ZIP		6 Foreign Tax Paid	7 Foreign Country or US possession			required to file a return, a negligence penalty or other
		8 Tax exempt interest	9 Specified interest	private activity	bond	sanction may be imposed on you if this income is taxable and the IRS
		10 Market Discount	11 Bond Pre	กามก	4.1	determines that is has not been reported.
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Iden	tification no.	15 State tax withheld

1) (if checke	d)	1		Distributions From	
PAYER'S name, address, city, state, ZIP code HARRIS TRUST PO BOX 1379 INDIANAPOLIS IN 46204		2a Taxable amou	,223.00	201		Pensions, Annuities Retirement o Profit-Sharing Plans, IRAs Insurance	
		2b Taxable amou not determin		Total Distribution	1	Contracts, etc.	
PAYER'S Federal identification numbe 21-7XXXXXX	r RECIPIENT'S identification number 221-XX-XXXX	3 Capital gain (in in box 2a),	cluded	4 Federal income ta withheld \$6.	× 10.00	Copy B Report this income on your	
RECIPIENT'S name, address, city, state, ZIP code BEN A HOLMES 30911 LOST MEADOW		5 Employee con /Designated Ro contributions of insurance prem	oth	6 Net unrealized appreciation in employer's securiti	es	federal tax return. If this form shows federal income tax withheld in box 4, attacl	
YOUR CITY STATE ZIP		7.Distribution Code(s) 7	Code(s) SEP/ SIMPLE			this copy to your return. This information	
		9a Your percenta distribution	ge of total %	9b Total Employee Contributions	2	is being furnished to the Internal Revenue Service	
10, Amount allocable to IRR within 5 γears	11. 1st year of desig, Roth contrib.	12. State tax wit	held	13. State/Payer's sta YS 217	te no.	14. State Distribution \$13,223.00	
Account number (see instructions)		15. Local tax withheld		16. Name of Locality		17. Local Distribution	
Form 1099-R		-					

) (if checke	d)				
PAYER'S name, address, city, state, Z AUBURN SHERIFF'S DEP	1 Gross distributio \$23	n ,919.00	201	5	Distributions From Pensions, Annuities, Retirement or		
1 HOTEL RD LEWISTON ME 04240		Za Taxable amou	nt	Form 10		Profit-Sharing Plans, IRAs.	
		2b Taxable amou not determin		Total Distribution	0	Insurance Contracts, etc.	
PAYER'S Federal identification number 21-6XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	3 Capital gain (in in box 2a).	cluded	4 Federal income tax withheld \$1,19		Copy B Report this income on your	
RECIPIENT'S name, address, city, state, ZIP code BEN A HOLMES 30911 LOST MEADOW		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		federal ta: return. If thi form show federal income tax withheld in box 4, attac	
YOUR CITY STATE ZIP		7.Distribution Code(s) 7	IRA/ SEP/ SIMPLE	8 Other	%	this copy to your return. This information	
		9a Your percenta, distribution	ge of total	9b Total Employee Contributions \$107,42	29.00	is being furnished to the Internal Revenue Service	
10, Amount allocable to IRR within 5 years	11. 1st year of desig, Roth contrib,	12. State tax with	heid	13. State/Payer's sta		14. State Distribution	
Account number (see instructions)		15. Local tax with	held	16. Name of Locality		17. Local Distribution	

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		WN IN BOX 5 MAY BE TAXABLE INCOME.
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
DESCRIPTION OF AMO	UNT IN BOX 3	10-00	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$10,423.20	11.2	
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	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2015	\$12,108.00		
Benefits for 2014 Benefits for 2013		30911	dress HOLMES LOST MEADOW CITY STATE ZIP
Benefits for 2012		Box 8. Cla	im Number (use this number if you need to contact SSA 221-XX-XXXXA

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015 O PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ^O SEE THE REVERSE FOR MORE INFORMATION. Box 2. Beneficiary's Social Security Box 1. Name PAT N HARPER 222-XX-XXXX Box 3. Benefits Paid in 2015 Box 4. Benefits Repaid to S5A in Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$7,920.00 \$7,920.00 **DESCRIPTION OF AMOUNT IN BOX 3 DESCRIPTION OF AMOUNT IN BOX 4** Paid by check or direct deposit \$6,660.90 Medicare Part B premiums deducted \$944.10 from your benefits Medicare Prescription Drug premiums (Part D) deducted from \$315.00 your benefits Total Additions \$7,920.00 Eox 6. Voluntary Federal Income Tax Withheld Benefits for 2015 \$7,920.00 Eox 7. Address PAT N HARPER 30911 LOST MEADOW Benefits for 2014 YOUR CITY STATE ZIP Benefits for 2013 Benefits for 2012 Eox 8. Claim Number (use this number if you need to contact SSA) 222-XX-XXXXA Form SSA-1099-SM

PAYER'S name, address, city, state, and ZIP code	1, Gross winnings \$1,200.00	2. Date won 01/15/2015	2015		
SLOT CITY 14011 Gamblers Way	3. Type of wager SLOTS	4. Federal income tax withheld \$200.00	Form W2-0		
CHARLESTOWN IN 47111	5. Transaction	6, Race	Certain		
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8, Cashier 2718	Gambling Winnings		
21-8XXXXXX 877-555-XXXX	9. Winner's taxpayer identification no. 222-XX-XXXX	10. Window	This information is being furnished		
WINNER'S name, address, city, state, and ZIP PAT N HARPER	11. First I.D. DRIVERS LIC	12. Second I.D. CREDIT CORD	to the Internal Revenue Service		
30911 LOST MEADOW	13. State Payer's identification no. 218XXXXXX	14. State Winnings \$1,200.00	Copy B Report this income		
YOUR CITY STATE ZIP	15. State income tax withheld \$180.00	16. Local Winnings	on your federal tax return. If this form shows federal income		
	17. Local income tax withheld	18. Name of locality	tax withheld in box 4, attach this copy to your return.		
Under penalty of perjury, I declare that, to the best of my knowledge a correctly identify me as the recipient of this payment and any payment					
Signature >	Date >				

Form W-2G

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-XXXXXXXX

Form 1099-DIV 2015 Dividends and Distributions

Зох		Amount
а	Total Ordinary Dividends	1,565.00
b	Qualified Dividends	875.00
а	Total Capital Gain Distributions (Includes 2b- 2d)	737.00
b	Capital Gains that represent Unrecaptured 1250 Gain	0.00
С	Capital Gains that represent Section 1202 Gain	0.00
d	Capital Gains that represent Collectibles (28%) Gain	0.00
	Nondividend Distributions	18.25
	Federal Income Tax Withheld .	0.00
	Investment Expenses	0.00
	Foreign Tax Paid	16.75
	Foreign Country or U.S. Possession	0.00
	Cash Liquidation Distributions	0.00
	Non-Cash Liquidation Distributions	0.00
)	Exempt-Interest Dividends	0.00
	Specified Private Activity Bond Interest Dividends	0.00
2	State .	
3	State Identification No.	
Ļ	State Tax Withheld	0.00
	FATCA filing requirement	
ру В	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112)	
	n 1099-INT 2015 Interest Income	Amount
ру В	n 1099-INT 2015 Interest Income	Amount 17.25
oy B	for Recipient (OMB NO. 1545-0112)	
oy B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112)	17.25
ру В	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income Early Withdrawal Penalty	17.25 0.00
y B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00
oy B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00
ру В	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00
oy B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00
oy B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 0.00
py B DX	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 0.00 232.00
by B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
by B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
by B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
by B	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
)))	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income Early Withdrawal Penalty Interest on U.S. Savings Bonds and Treas. Obligations Federal Income Tax Withheld Investment Expenses Foreign Tax Paid Foreign Country or U.S. Possession Tax-Exempt Interest Specified Private Activity Bond Interest Market Discount Market Discount on Noncovered Securities Bond Premium Bond Premium on Noncovered Securities Bond Premium on Tax-Exempt Bond	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income Early Withdrawal Penalty Interest on U.S. Savings Bonds and Treas. Obligations Federal Income Tax Withheld Investment Expenses Foreign Tax Paid Foreign Country or U.S. Possession Tax-Exempt Interest Specified Private Activity Bond Interest Market Discount Market Discount on Noncovered Securities Bond Premium Bond Premium on Noncovered Securities Bond Premium on Tax-Exempt Bond Tax-Exempt and Tax Credit Bond CUSIP No.	17.25 0.00 0.00 0.00 0.00 0.00 232.00 0.00 0.
ру В	n 1099-INT 2015 Interest Income for Recipient (OMB NO. 1545-0112) Interest Income	0.00 0.00 0.00 0.00 232.00 0.00 0.00 0.0

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-XXXXXX

Box		Amoun	t
1d	Proceeds	4,990.01	
1e	Cost or Other Basis	UNKNOWN	1
4	Federal Income Tax Withheld	0.00	ĺ.
6	Adjustments - Wash Sales	0.00	ĵ.
	Adjustments - Market Discount	0.00	
16	State Tax Withheld	0.00	Ē
Regu	lated Futures Contracts:		
4	Federal Income Tax Withheld	0.00	(
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00	É.
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00	í.
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00	Ē
11	Aggregate Profit of (Loss) on Contracts	0.00	í.

ABC Brokerage 2715 Alpine Lane								2015 TAX REPORTING STATEMEN BEN HOLM				
Boston.	oston, MA 02110								30911		Your City, YS ZIP count No. 111-227 221-XX-XXXX	
									Paye	r's Fed ID Numb	ber: XX-XXXXXXXXX	
	M 1099-B·2		eds from B	roker and	Barter Ex	change	Transacti	ions				
Long	-term trans	actions fo	r which bas	sis <u>is not r</u>	eported to	the IR	s					
Jane	rt on Form 8	QAQ with P	ox E check	ed and/or S	Schedule D	Part II						
Repo	it off i official	040 With L	ON L CHOCH		one dance b	, , , ,, , ,,						
	el is a Substitute for					, r are n						
This Lab		Boxes 1a & 3)						(IRS Fo	orm 1099-B box n	umbers are show	n below in bold type)	
This Lab	el is a Substitute for	Boxes 1a & 3)						(IRS Fo Gain/Loss (-)	orm 1099-B box n 4 Federal Income Tax Withheld	umbers are show 14 State 15 State ID Number	n below in bold type) 16 State Tax Withheld	
(This Lab 1a Desc Action	el is a Substitute for cription, 2 Long-tei	Boxes 1a & 3) mn, 3 Basis not 1b Date	reported to IRS, 1c Date Sold or	6 Net Proceeds	, and Stock or I	Other Symb 1f Code,	ool . CUSIP 1g	Section of	4 Federal Income Tax	14 State 15 State ID	16 State Tax	

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:

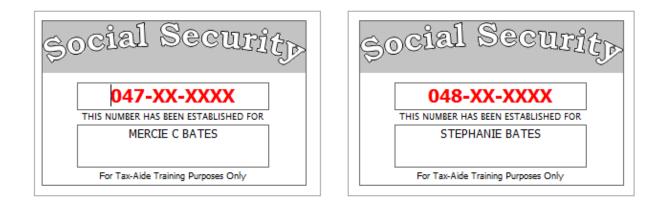
Reported to the IRS Code A:

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.

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	DOLLARS	
Your Bank Bank City, State, ZIP Code For		
: 325070760 : 124522695 1234		

Form 13614-C				-		sury - Internal						OMB N				
(October 2014)		Int	ake/In	terv	iew &	Qualit	y Re	view S	heet		1545-1964					
You will need: • Tax Information such as • Social security cards of • Picture ID (such as valid	ITIN letters	for all perso	ons on yo	our tax ur spoi	return. Jse.	 You ar complete 	e responent	nsible for t accurate in	formation.	ion on you		Please pro				
Part I – Your Personal Inform	nation					1										
1. Your first name Mercie				M.I. C	Last nam Bates	ne					Are yo I≭ Ye	ou a U.S. citi es	zen? No			
2. Your spouse's first name				M.I.	Last nam	ne					Is you	Ir spouse a l s	J.S. citizen?			
3. Mailing address 3300 Bowie Drive			I		1		City Your City				State Your S	Z	P code our Zip			
4. Telephone number(s) 447-5	55-xxxx				Email add	ress (optio	onal)					I				
5. Your Date of Birth 1/21/1970	6. Your job Dental Assis				-	ar, were y and perma		lisabled [Yes 🗴	No c. L	me stude egally blir	nd 🗌 Y	es 🗷 No			
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9			ear, was y and perma	-		Yes 🗌		me stude egally blir					
11. Can anyone claim you or y	our spouse o	on their tax re	turn?	□ Yes	×N	lo 🗌	Unsure									
12. Have you or your spouse:		a. Been a vict		tity the	it? 🗌 Y	es 🗴	No	b. Adopted	d a child?	🗌 Yes	🗶 No					
Part II – Marital Status and		l d Informati Single (This ir														
were you: 2. List the names below of: • everyone who lived with you		b Divorced or Lo Widowed Y	. Was you egally Sep ear of spo	ir marria barated buse's c	age recog Date leath	nized unde	er the law	vs of the sta eparate ma	six months of ate(s) you are intenance ag litional space	e filing in? greement	× Y		Unsure			
• anyone you supported but				spouse	•)				To be co	npleted by	/ a Certif	ied Volunte	er 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	Citizen (yes/no)	or Mexico last year (yes/no)	Single or Married as of 12/31/14 (S/M)	Full-time Student last year (yes/no)	Permanently Disabled (yes/no)	their return?	person provide more than 50% of their own support?	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?			
(a) Stephanie Bates	(b) 2/6/1996	(c) Daughter	(d) 12	(e) Y	(f) Y	(g) S	(h) Y	(i) N	(yes/no)	(yes/no)			(yes/no)			
			12													
Catalog Number 52121E		ers are traine unethical be				s at <u>wi.vo</u> l					205	J orm 13614-0	(Rev. 10-2014			

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Bates

ſ					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
-62-	Part II	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> 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 I	V – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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
σ	×			3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)	
Bates		×		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	/ – Lif	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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?	
		×			
- 1	Catalog	j Numb	er 52121E	www.irs.gov Form 13614	-C (Rev. 10-2014)

	a, Emplo	yee's social security number 047-XX-XXXX						
1000	er Identification number (EIN) XXXXXXX			, other compensation \$46,240.78	2. Federal inc	2. Federal income tax withheld \$3,933.87		
	Employer's name, address, city state and ZIP Code			ity wages \$46,240.78	4. Social secu	4. Social security tax withheld 2,866.93		
			5. Medicare w	ages and tips \$46,240.78	6. Medicare ta	x withheld \$670.49		
	KYLE COURT A, FL 33602		7. Social secur	ity tips	8. Allocated ti	ps		
d. Control r	number		9.		10. Dependan	t care benefits		
e. Employee's name (first. initial, last), address, city, state and ZIP code MERCIE BATES		11. Nongualifie	11. Nonqualified plans		uctions for box 12 \$3,250.00			
3300 E	BOWIE DRIVE		13. Statutory Employee		12b.			
YOUR	CITY, STATE, ZIP		14. Other		12c.	1		
					12c,	5		
	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local incom	ne tax 20, Locality name		

PAYER'S name, address, city, state, ZIP code ARCHES-STARLING BANK P O BOX 27865 HARTFORD, CT 06101		Payer's RTN (optional)	20	15	Inte	nterest Income	
		1 Interest income \$457.98	Form 10				
		2 Early withdrawal penalty				Copy B For Recipient	
PAYER'S Federal identification number 04-3XXXXXX	RECIPIENT'S identification number 047-XX-XXXX	3 Interest on US Savings Bonds	s and Treas, ob	oligations		This is important tax information and is	
ECIPIENT'S name, address, city, state, and ZIP code		4 Federal income tax withheld	5 Investment expenses			being furnished to the Internal Revenue Service. If you are	
3300 BOWIE DRIVE		6 Foreign Tax Paid	7 Foreign Cou	return, a ne		required to file a return, a negligence penalty or other	
YOUR CITY, STATE, ZIP		8 Tax exempt interest	9 Specified pr interest	ivate activity bor	nd	sanction may be imposed on you it this income is	
		10 Market Discount	11 Bond Premium			taxable and the IRS determines that is has not been reported.	
		12 Tax-exempt bond CUSIP no	13 State 1	14 State Identifica	stion no.	15 State tax withheld	

FILER'S name, address, city, state, and Z DOHN PAUL UNIVERSIT 1567 MINCING LANE JACKSON, MS 39205		Payments received for qualified tuition and related expenses \$4,500.00 Amounts billed for qualified tuition and related expenses	20 15 Form 1098-T	Tuition Statement
FILER'S Federal identification number 15-5XXXXXX	STUDENT'S social security number 048-XX-XXXX	3 If this box is checked, your e has changed its reporting me		Copy B For Student
STUDENT'S name, address, city, state, STEPHANIE BATES	and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information and is being
3300 BOWIE DRIVE YOUR CITY, STATE, ZIP		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January March 2014. >	furnished to the Internal Revenue Service.
Service Provider/Act No. (see instr.)	8. Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb/refund	

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.

	FED (if checked)		
2015	1 Rents \$90.00	IP code	PAYER'S name, address, city, state, ZIF
Form 1099-MISC	2 Royalties	RACE	314 DOWN HOME TERF TUPELO, KS 66071
4 Federal income tax withheld	3 Other Income		
6 Medical and health care payments	5 Fishing boat proceeds		
8 Substitute payments in lieu of dividends or interest	7 Nonemployee Compensation	RECIPIENT'S name, address, city, state, ZIP code MERCIE BATES	
10 Crop Insurance proceeds	9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	and ZIP Code	3300 BOWIE DRIVE YOUR CITY, STATE, A
12	11		
14 Gross proceeds paid to an attorney	13 Excess golden parachute paryments	Account number (see instructions)	
17 State/Payer's state no.	16 State tax withheld	15a Section 409A deferrals 15b Section 409A income	
	4 Federal income tax withheld 6 Medical and health care payments 8 Substitute payments in lieu of dividends or interest 10 Crop Insurance proceeds 12 14 Gross proceeds paid to an attorney	1 Rents \$90.00 2015 2 Royalties Form 1099-MISC 3 Other Income 4 Federal income tax withheld 5 Fishing boat proceeds 6 Medical and health care payments 7 Nonemployee Compensation 8 Substitute payments in lieu of dividends or interest. 9 Payer made direct sales 5,000 or more of consumer products or a buyer 10 Crop Insurance proceeds 10 Crop Insurance proceeds 11 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney	State \$90.00 2015 RACE 2 Royalties Form 1099-MISC 3 Other Income 4 Federal income tax withheld RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments 021-XX-XXXX 5 Fishing boat proceeds 6 Medical and health care payments 021-XX-XXXX 7 Nonemployee Compensation 8 Substitute payments in lieu of dividends or interest. ND ZIP CODE 9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale > 10 Crop Insurance proceeds 11 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney

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.

	1 Rents			
PAYER'S name, address, city, state, ZIP code	1 Nents	2015	Miscellaneous Income	
DACK BEANSTALK 520 WINDGATE RD LENEXA, KS 66215	2 Royalties	Form 1099-MISC		
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient	
PAYER'S Federal identification number RECIPIENT'S identification num 05-0XXXXXX 021-XX-XXXX	ber 5 Fishing boat proceeds	6 Medical and health care payments	Tor neuplent	
RECIPIENT'S name, address, city, state, ZIP code MERCIE BATES	7 Nonemployee Compensation \$995.00	8 Substitute payments in lieu of dividends or interest	This is important tax information and is beirg furnished to the Internal Revenue	
3300 BOWIE DRIVE YOUR CITY, STATE AND ZIP CODE	9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	10 Crop Insurance proceeds	Service. If you ar required to file return, a negligenc penalty or othe	
	11	12	sanction may be imposed on you if this income is taxable and the IRS	
Account number (see instructions)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that is has rot been reported.	
15a Section 409A deferrals 15b Section 409A income	16 State tax withheld	17 State/Payer's state no,	18 State income	

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 taxfree 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.



þонn 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		

Form 13614-C (October 2014)		Int				sury - Internal Qualit		^{Service} View Sl	heet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perso	ons on yo	our tax ur spoi	return. use.	 You are complete 	e responents te and a	nsible for t accurate in	-3 of this for he informati formation. ease ask the	ion on yo		-	
Part I – Your Personal Inform	nation												
1. Your first name				M.I.	Last nan	ne						ou a U.S. citi	
John				J	Reed						ĭ Ýe] No
2. Your spouse's first name				M.I.	Last nan	ne					ls you □ Ye		J.S. citizen?] No
3. Mailing address 108 North Phillips Street							ity our City				State Your S		IP code our Zip
4. Telephone number(s) 464-5	55-xxxx				Email add	dress (optio	2				1		r
5. Your Date of Birth	6. Your job	title				ear, were y				a Full f	ime stude	nt 🗌 Y	es 🗵 No
6/15/1973	Insulation Ir					and perma		lisabled [Yes 🗴		egally blir		
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9			/ear, was y					ime stude		
		, ,			-	and perma	•		🗌 Yes 🗌	No c. L	egally blir		
11. Can anyone claim you or y	our spouse o	on their tax re	turn?	□ Yes		•	Unsure						
12. Have you or your spouse:	ä	a. Been a vict	im of ider	tity the	ft? 🗌 Y	′es 🛛 🗶	No	b. Adopted	d a child?	🗌 Yes	🗴 No		
Part II - Marital Status and	l Househo	ld Informati	on										
 As of December 31 of last years were you: List the names below of: 	1 × 1	b Divorced or Lo Widowed Y	. Did you . Was you egally Sep fear of spo	live with ir marria parated puse's c	a your spo age recog Date leath	use during nized unde	any par the law	t of the last vs of the sta eparate ma	six months o ate(s) you are intenance aç	of 2014? e filing in? greement	Yu x Yu	es ⊻ No es □ No	Unsure
everyone who lived with years				spouse	e)				·				er Preparer
• anyone you supported but Name (<i>first, last</i>) Do not enter your		Relationship to		US	Resident	Single or	Full-time	Totally and	Can this	-	Did this	Did the	Did the
name or spouse's name below	(mm/dd/yy)	you (for example: son, daughter, parent, none, etc)	months lived in your home last year	Citizen (yes/no)	of US, Canada, or Mexico last year (yes/no)	Married as of 12/31/14 <i>(S/M)</i>	Student last year (yes/no)	Permanently Disabled (yes/no)	person be claimed by someone else as a dependent on their return?	person provide more than 50% of their own support?	person have less than \$3950 of income? (yes/no)	taxpayer(s) provide more than 50% of support for this person? (yes/no)	taxpayer(s) pay more than half the cost o maintaining a home for this person?
(a)	(b) 3/3/2000	(c) Nephew	(d) 7	(e) Y	(f) Y	(g) S	(h) Y	(i) N	(yes/no)	(yes/no)			(yes/no)
Jeffrey Lamar Jack Reed	9/9/1994	Son	12	Y Y	Y Y	S S	Y Y	N N					
	<i>3/ 3/ 1 7 7</i> 4	5011	12	1	1	5	1	11					
	Volunte	ers are traine	ed to prov	vide hig	gh quality	service a	nd upho	d the hial	hest ethical	standard	s.		

Reed

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					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
68-	Part I	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> Receive	
1	×			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 I	V – E	xpenses	s – Last Year, Did You <i>(or Your Spouse)</i> 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
ᆔᆔ	×			3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)	
Reed		×		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	/ – Li	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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)	
		x		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?	
		×			
	Catalog) Numb	er 52121E	www.irs.gov Form 136 1	4-C (Rev. 10-2014)

		vee's social security number 161-XX-XXXX						
	er Identification number (EIN) LXXXXXX			other compensation	2. Federal income tax withheld \$3,275.65			
	. Employer's name, address, city state, and ZIP Code KING INSULATION			3. Social security wages \$34,713.78		4. Social security tax withheld \$2,152.25		
			5. Medicare w	ages and tips 534,713.78	6. Medicare tax withh \$5	eld 103.35		
	EAST OLIVET KLIN, PA 16323		7. Social secur	ity tips	8. Allocated tips			
d. Control r	number	and a local of	9.		10. Dependant care benefits			
JOHN	ee's name (first, initial, last), add J. REED ORTH PHILLIPS STF		11. Nonqualifie 13. Statutory Employee	Retirement Third-party	12a. See instructions f	\$2,756.00		
YOUR	CITY, STATE, ZIP		14. Other			42,700100		
			1		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		
	431/1/03	J34,/13./0	\$1,230.00					
Form	N-2 201	5						

PAYER'S name, address, city, state, ZIP code FRANKIN SAVINGS AND LOAN 175 N. OAKWOOD AVE.		Payer's RTN (optional)	201	5 Inte	Interest Income	
		1 Interest income \$956.75	Form 109	50. I C		
FRANKLIN, PA 16323		2 Early withdrawal penalty			Copy B For Recipient	
PAYER'S Federal identification number 43-2XXXXXX	RECIPIENT'S identification number 161-XX-XXXX	3 Interest on US Savings Bonds	s and Treas, obliga	tions	This is important tax information and is	
ECIPIENT'S name, address, city, state, and ZIP code OHN J. REED		4 Federal ncome tax withheld 5 Investment expenses \$75.00		penses .	being furnished to the Internal Revenue Service. If you are	
108 N. PHILLIPS ST.		6 Foreign Tax Paid	7 Foreign Country or US possession		required to file a return, a negligence penalty or other	
YOUR CITY, STATE, ZIP			9 Specified private activity bond interest 11 Bond Premium		sanction may be imposed on you if this income is taxable and the IRS determines that is has not been reported.	
		10 Market Discount				
ccount number (see instructions)		12 Tax-exempt bond CUSIP no	13 State 14 5	itate Identification no.	15 State tax withheld	

		D (if che	ecked)						
	PAYER'S name, address, city, state, ZIP code BUTLER INVESTMENT SERVICES						2	015	Dividends and Distributions
2121 PEMBROKE PARKW PITTSBURGH, PA 15219		1b Qualifie	d Dividends \$108.96	For	Form 1099-DIV				
		2aTotal cap	pital gain distr.	2b Unreca	ap. Sec. 1250 gain				
PAYER'S Federal identification number 43-3XXXXXX 161-XX-XXXX		2c Sector	1202 gain	2d Collec	tables (28%) gain	Copy B For Recipient			
RECIPIENT'S name, address, city, state	a, ZIP code	3 Nondivid	end distributions	4 Federal	income tax withheld				
JOHN J REED 108 N PHILLIPS ST				5 Investr	nent expenses	This is important tax information and is being furnished to the Internal Revenue			
YOUR CITY, STATE, ZIF	R CITY, STATE, ZIP		6 Foreign Tax Paid 7 Foreign Country or US po		Country or US possession				
					idation distributions	9 Noncash liquidation distribution		return, a negligence penalty or other sanction may be	
Account number (see instructions)		10 Exempt	-Interest <mark>dividend</mark> s	interest dividends 11 Specified private act hourd interest divider		imposed on you if this income is taxable and the IRS			
		13 State	14 State Identifica	ation no,	15 State tax withheld	determines that is has not been reported.			
Form 1099-DIV				-					

		D (if checke	d)		-					
PAYER'S name, address, city, state DEFENSE FINANCE AN		1 Gross distributio \$15	, 174.00	201	15	Distributions From Pensions, Annuities, Retirement or				
			nt , 174.0 0	1		Profit-Sharing Plans, IRAs. Insurance				
LONDON, KY 40741		2b Taxable amou not determine		Total Distribution	1	Contracts, etc.				
AYER'S Federal identification number 27-5XXXXXX 161-XX-XXXX		3 Capital gain (ind in box 2a).	luded	4 Federal income tax withheld \$675.00		Copy B Report this income on your				
RECIPIENT'S name, address, city, state, ZIP code JOHN J REED		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		federal tax return. If this form shows federal income tax withheld in				
108 N PHILLIPS ST YOUR CITY, STATE, 2	108 N PHILLIPS ST YOUR CITY, STATE, ZIP						IRA SEP/ SIMPLE	8 Other	%	box 4, attach this copy to your return. This information
			9a Your percentage of total distribution %			is being furnished to the Internal Revenue Service				
10. Amount allocable to IRR within 5 years 11. 1st year of desig. Roth contrib. Account number (see instructions)		12, State tax withheld		13. State/Payer's state no.		14. State Distribution \$15,174.00				
		15. Local tax with	held	16. Name of Locality		17. Local Distribution				
Form 1099-FR										

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

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.



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

Form 13614-C (October 2014)		Int				sury - Internal Qualit		^{Service}	heet			OMB N 1545-	
You will need: • Tax Information such as • Social security cards of • Picture ID (such as valid	ITIN letters	2, 1099, 1098 for all perso	3. ons on yo	our tax i	return.	 Please You ar complete 	comple e respoi ete and a	te pages 1 nsible for t accurate in	-3 of this fo he informat formation. ease ask the	on on yo		-	
Part I – Your Personal Inform	nation					•							
1. Your first name				M.I.	Last nan	-						ou a U.S. c <u>iti</u>	
Jessica				D	Ellsworth						⊻ Ye		No
2. Your spouse's first name				M.I.	Last nan	ne					∣ls you ∣∏ Ye	r spouse a l s	J.S. citizen? No
3. Mailing address 1734 Hillsdale Circle							ity our City				State Your S	Z	P code our Zip
4. Telephone number(s) 461-5	55-xxxx				Email add	dress (optio	onal)						
5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full t	ime stude	nt 🗌 Y	es 🗴 No
2/10/1967	Nurse				b. Totally	and perma	anently d	lisabled [Yes 🗴	No c. L	egally blir	d 🗌 Y	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9		10. Last y	/ear, was y	our spou	use:		a. Full t	ime stude	nt 🗌 Y	es 🗌 No
					b. Totally	and perma	anently d	lisabled [🗌 Yes 🗌	No c. L	egally blir	id 🗌 Y	es 🗌 No
11. Can anyone claim you or y	our spouse o	on their tax re	eturn?	☐ Yes	×N	lo 🗌	Unsure						
12. Have you or your spouse:		a. Been a vict		ntity thef	t? 🗌 Y	′es ∡	No	b. Adopted	d a child?	🗌 Yes	🗶 No		
Part II – Marital Status and	l Househol	d Informati	on										
were you: 2. List the names below of: • everyone who lived with y	[]	b Divorced or L Widowed Y	. Was you egally Sep ′ear of spo	ir marria parated puse's d	age recog Date eath	nized unde	er the law	vs of the sta eparate ma	six months o ate(s) you are intenance ag litional space	e filing in? preement	☐ Ye ☐ Ye 	es 🗌 No	Unsure
• anyone you supported but				opeace	/				To be cor	npleted b	y a Certifi	ed Volunte	er Preparer
Name (first, last) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter, parent, none, etc)		Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/14 (<i>S/M</i>)		Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	50% of	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 thar half the cost o maintaining a home for this person?
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)			(yes/no)
Kendall Ellsworth	9/5/2000	Son	12	Y	Y	S	Y	N					
Kenneth Ellsworth	5/15/1995	Son	12	Y	Y	S	Y	N					
		ers are train unethical be											

Г

Ellsworth

-73-

					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
-74-	Part I	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> Receive	
T	×			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 I	V – E	xpenses	– Last Year, Did You <i>(or Your Spouse)</i> Pay	
		×		1. (B) Alimony? If yes, do you have the recipient's SSN? Yes No	
	×			2. Contributions to a retirement account?	Other
Ells	×			3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)	
Ellsworth		×		4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)	
5		×		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	/ – Lii	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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?	
		×			
	Catalog) Numb	er 52121E	www.irs.gov Form 1361	4-C (Rev. 10-2014)

		vee's social security number 061-XX-XXXX					
	er Identification number (EIN) 1XXXXXXX			, other compensation \$32,560.49	2. Federal income tax withheld \$2,119.75		
	's name address, city state an		3. Social secur	ity wages \$34,810.49	4. Social security	/ tax withheld \$2,158.25	
1525	FORD REGIONAL H	USPITAL	5. Medicare w	ages and tips \$34,810.49	6. Medicare tax withheld \$504.75		
NEVVA	ARK, NJ 07102		7. Social secur	ity tips	8. Allocated tips		
d. Control r	number		9.		10. Dependant o	are benefits	
e. Employee's name (first, initial, last), address, city, state and ZIP code JESSICA ELLSWORTH			11. Nonqualifie	d plans	12a. See instruc	tions for box 12 \$2,250.00	
	HILLSDALE CIRCLE		13. Statutory Employee		12b. DD	\$3,075.00	
YOUR	CITY, STATE, ZIP		14. Other		12c.		
					12c.		
15. State YS	Employer's state ID number	The second s	17. State income tax	18. Local wages, tips, etc.	19. Local income	tax 20, Locality nam	
	56862456	\$32,560.00	\$749.76				

		ED (if checked)				
PAYER'S name, address, cit/, state, ZIP code LAMAR BANK 5501 TULANE AVE		Payer's RTN (optional)	20	15 In	Interest Incom	
		1 Interest income \$305.48		1099-INT		
BALTIMORE MD 21233	2 Early withdrawal penalty \$30.00			Copy B For Recipient		
PAYER'S Federal identification number 64-2XXXXXX	RECIPIENT'S identification number 061-XX-XXXX	3 Interest on US Savings Bonds	s and Treas.	obligations	This is important tax information and is	
RECIPIENT'S name, address, city, state, and ZIP code JESSICA ELLSWORTH		4 Federal income tax withheld	5 Investme	 being furnished to the Internal Revenue Service. If you are 		
1734 HILLSDALE CIRCLE		6 Foreign Tax Paid	7 Foreign (Country or US possession	required to file a	
YOUR CITY, STATE, ZIP		8 Tax exempt interest	9 Specified interest	private activity bond	sanction may be imposed on you if this income is	
		10 Market Discount	11 Bond Pre	emium	taxable and the IRS determines that is has not been reported.	
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State 14 State Identification n		no. 15 State tax withheld	
Form 1099-INT			-			

		ED (if ch	ecked)		
PAYER'S name, address, city, state, ZIP code EMPLOYMENT SECURITY COMMISSION			yment compensation \$948.75	2015	Certain
P O BOX 854 NEWARK NJ 07101		2 State or local income tax refunds, credits or offsets		Form 1099-G	Government Payments
PAYER'S Federal identification number 64-5XXXXXX	RECIPIENT'S identification number 061-XX-XXXX	, Box 2 am	ount is for tax year	4 Federal income tax withh \$95.	Сору в
RECIPIENT'S name, address, city, state, JESSICA DENISE ELLSWO		5 RTAA pa	iyments	6 Taxable grants	This is important tax information and is being furnished to the
1734 HILLSDALE CIRCLE		7 Agricultu	re payments	8 If checked, box 2 is trade or business income >	Internal Revenue Service. If you are required to file a return, a negligence
TOOR CITT, STATE, ZIP		9 Market g	ain		penalty or other sanction may be
		10, State	A second s	on no 11 State income tax w	tavable and the IPS

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
Box 1. Name DESSICA 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 AMO	UNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	\$42,148.00	12 101	
Medicare Part 3 premiums deducted from your benefits	\$.00	b -	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$.00	15	
Total Additions	\$42,148.00	Box 6. Vo	untary Federal Income Tax Withheld
Benefits for 2015	\$17,858.00	le le	
		Box 7. Ad JESSIC	^{dress} A DENISE ELLSWORTH
Benefits for 2014	\$16,540.00	1734 H	ILLSDALE CIRCLE
Benefits for 2013	\$7,750.00	YOUR	CITY, STATE, ZIP
Benefits for 2012		Box 8. Cla	m Number (use this number if you need to contact SSA) 061-XX-XXXXA

PAYER'S name, address, city, state, and ZIP code BUTLER CASINO	1. Gross winnings \$785.00	2. Date won 06/23/2015	2015
2233 CLARK HIGHWAY	3. Type of wager SLOTS	4. Federal income tax withheld \$75.00	Form W2-G
RENO NV 89510	5. Transaction	6, Race	Certain
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8, Cashier	Gambling Winnings
64-3XXXXXX 352-555-1212	9. Winner's taxpayer identification no. 061-XX-XXXX	10. Window	This information is being furnished
WINNER'S name, address, city, state, and ZIP JESSICA ELLSWORTH	11. First I.D.	12, Second I.D.	to the Internal Revenue Service
1734 HILLSDALE CIRCLE	13. State Payer's identification no.	14. State Winnings	Copy B Report this income
YOUR CITY, STATE, ZIP	15. State income tax withheld	16. Local Winnings	on your federal tax return. If this form shows federal income
	17. Local income tax withheld	18. Name of locality	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 correctly identify me as the recipient of this payment and any payment f			
Signature >	Date >		

		D (if checked)		
FILER'S name, address, city, state, and GANNON UNIVERSITY		1 Payments received for qualified tuition and related expenses \$15,500.00	20 15	Tuition
667 HUDSON DRIVE SIOUX FALLS, SD 5710	01	2 Amounts billed for qualified tuition and related expenses	Form 1098-T	Statement
FILER'S Federal identification number 64-4XXXXXXX	STUDENT'S social security number 063-XX-XXXX	3 If this box is checked, your e has changed its reporting me		Copy B For Student
STUDENT'S name, address, city, state KENNETH ELLSWORTH		4 Adjustments made for a prior year	5 Scholarships or giants \$9,000.00	This is important tax information and is being
1734 HILLSDALE CIRC YOUR CITY, STATE, 2		6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 2014. >	furnished to the Internal Revenue Service.
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student	9 Checked if a graduate student	10 Ins, contract reimb/refund	
Form 1098-T				

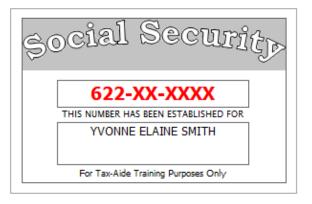
Interview Notes – McCook

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.





Form 13614-C		1		•		sury - Internal			haat			OMB N 1545-	
(October 2014)		Int	ake/in	terv	iew &	Qualit	уке	view S	neet			1545-	1964
You will need: • Tax Information such a • Social security cards of • Picture ID (such as valid	r ITIN letters	for all perso	ons on yo	our tax ur spo	return. use.	 You ar complete 	e responents	nsible for t accurate in	formation.	ion on yo		Please pro	
Part I – Your Personal Inform	nation					I							
1. Your first name Troy				M.I. H	Last nan McCook	ne					ĭ Ýe		No
2. Your spouse's first name Yvonne				M.I. E	Last nan Smith						ls you ≭ Ye		J.S. citizen?
3. Mailing address 30911 Bard Road							City Your City				State Your S		P code our Zip
4. Telephone number(s) 422-5	555-xxxx				Email add	dress (optio	onal)						
5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full t	ime stude	nt 🗌 Y	es 🗵 No
3/12/1948	Retired				b. Totally	and perma	anently c	lisabled [Yes 🗴	No c. L	egally blir	nd 🗌 Y	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	;		10. Last y	/ear, was y	our spou	use:		a. Full t	ime stude	nt 🗌 Y	es 🗵 No
10/30/1952	Retired				b. Totally	and perma	anently c	lisabled [Yes 🗴	No c. L	egally blir	nd 🗌 Y	es 🗵 No
11. Can anyone claim you or y	our spouse o	on their tax re	turn?		s 🗴 N	lo 🗌	Unsure						
12. Have you or your spouse:	ä	a. Been a vict	im of iden	itity the	ft? 🗌 Y	′es 🗴	No	b. Adopted	d a child?	🗌 Yes	🗴 No		
Part II – Marital Status and	d Househol	d Informati	on										
1. As of December 31 of last y were you:	× N	b Divorced or L	. Did you l . Was you	live with Ir marria parated	n your spo age recog Date	use during nized unde	any par er the law	t of the last vs of the sta	six months ate(s) you are intenance ag	of 2014? e filing in?	□ Y □ Y	es 🗌 No	🗌 Unsure
2. List the names below of:		ather there w			-)			If add	litional space	e is neede	d check he	ere 🗌 and li	st on page 3
 everyone who lived with y anyone you supported but 				spouse	?)				To be co	mpleted b	v a Certif	ied Volunte	er Preparer
Name (first, last) Do not enter your name or spouse's name below		Relationship to you (for example: son, daughter, parent, none, etc)		US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/14 (<i>S/M</i>)		Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of	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?
(a)	(b)	(C)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)		, ,	(yes/no)
	Valuet			ا مام				 	 				
		ers are traine unethical be											
Catalog Number 52121E					www.ir	s.gov					Fo	rm 13614-0	(Rev. 10-2014

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Yes No Unsure Check appropriate box for each question in each section Part III - Income - Last Year, Did You (or Your Spouse) Receive	Page 2
 Image: Second state of the second sta	
Image: Image	
Image: Section of the section of t	
Image: State of the state	
Image: Second secon	
 A B Alimony income? A B Alimony income? A Self-Employment income? (Form 1099-MISC, cash) A C A Self-Employments for any work performed not reported on Forms W-2 or 1099? A C A Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B) 	
□ Image: An image:	
□ Image: Sector 1000 - Se	
Image: Provide the set of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)	
□ II (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)	
Image:	
□ I2. (B) Unemployment compensation? (Form 1099-G)	
Image:	
Image:	
💌 🗌 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 <i>(or Your Spouse)</i> Pay	
□ 🗵 □ 1. (B) Alimony? If yes, do you have the recipient's SSN? □ Yes □ No	
Image:	Other
S I I I I I I I I I I I I I I I I I I I	
Image: Second arrow of the second a	
Image: Second	
Image: Image	
Image:	
Image: Second system B. (B) Charitable contributions?	
□ 🗵 □ 9. (B) Child or dependent care expenses such as daycare?	
In the second	
□ I1. (A) Expenses related to self-employment income or any other income you received?	
Part V – Life Events – Last Year, Did You <i>(or Your Spouse)</i>	
□ 🗵 □ 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)	
Image: Second state of the second s	
□ I 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.)	
Image: Second state in the second s	
Image: Second state 7. (A) Receive the First Time Homebuyers Credit in 2008? Image: Second state 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? \$\frac{\$800}{}\$ 10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? 	
Catalog Number 52121E www.irs.gov Form 13614-C (Rev	Pov. 10 2014)

)) (if checked				
95.00 2015		295.00	\$24,	PAYER'S name, address, city, state, ZIP code DEFENSE FINANCE & ACCOUNTING SVC US MILITARY RETIREMENT PAY			
9-R	Form 109	295.00	\$24,		P O BOX 7139		
	Total Distribution			LONDON, KY 40741-7139			
	withheld	uded	3 Capital gain (incl in box 2a).	PAYER'S Federal identification number 27-5XXXXXX 621-XX-XXXX			
6 Net unrealized appreciation in employer's securities		h	/Designated Rot contributions or	RECIPIENT'S name, address, city, state, ZIP code TROY HAROLD MCCOOK			
%	8 Other	IRA/ SEP/ SIMPLE	7.Distribution Code(s) 7	30911 BARD ROAD YOUR CITY, STATE AND ZIP			
9b Total Employee Contributions		9a Your percentage of total distribution %					
		12. State tax withheld		12. State tax withheld		1. 1st year of desig. Roth contrib.	10, Amount allocable to IRR 1 within 5 years
16. Name of Locality		15. Local tax withheld		Account number (see instructions)			
	99-R 15.00 s *	Form 1099-R Total Distribution 4 Federal income tax withheld \$1,245.00 6 Net unrealized appreciation in employer's securities 8 Other % 9b Total Employee Contributions 13. State/Payer's state no. YS 275XXXXXX	295.00 2015 295.00 Form 1099-R t Total Distribution uded 4 Federal income tax withheld uded 4 Federal income tax withheld ubuttons 6 Net unrealized appreciation in employer's securities iFAV SEP/ SIMPLE 8 Other iFAV SEP/ SIMPLE 9b Total Employee Contributions a of total 9b Total Employee's state no. YS 275XXXXXX	1 Gross distribution \$24,295.00 2015 2a Taxable amount \$24,295.00 Form 1099-R 2b Taxable amount Total Distribution 1 Gross distribution 1 Total 2b Taxable amount 1 Total 1 Oct determined. 1 Total 3 Capital gain (included in box 2a). 4 Federal income tax withheld 5 Employee contributions / (Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7.Distribution IRA SEP' SIMPLE 8 Other 7 9a Your percentage of total distribution 9b Total Employee Contributions 12. State tax withheld 13. State/Payer's state no. YS 275XXXXXX	COUNTING SVC ENT PAY \$24,295.00 2015 9 2b Taxable amount \$24,295.00 Form 1099-R 9 2b Taxable amount not determined. Total Distribution RECIPIENT'S identification number 621-XX-XXXX 3 Capital gain (included in box 2a). 4 Federal income tax withheld a, ZIP code 3 Employee contributions /Designated Roth contributions or insurance premiums 6 Net unsalized appreciation in employer's securities 0 ZIP 7. 18 9a Your percentage of total distribution 9b Total Employee Contributions 11. 1st year of desig. Roth contrib. 12. State tax withheld 13. State/Payer's state no. YS 275XXXXXX 14		

			(if checked)								
5	201	3.00		PAYER'S name, address, city, state, ZIP code HARRIS TRUST CO.							
	and the second sec	1.15	Za Taxable amount		P O BOX 1389						
	Total Distribution			FAIRVIEW, KY 42221							
	withheld	ł	3 Capital gain (inclu in box 2a).	PAYER'S Federal identification number 63-2XXXXXX 622-XX-XXXX							
6 Net unrealized appreciation in employer's securities			/Designated Roth contributions or	RECIPIENT'S name, address, city, state, ZIP code YVONNE E. SMITH							
%	8 Other	SEP/	7.Distribution Code(s) 7	30911 BARD ROAD YOUR CITY, STATE, ZIP							
9b Total Employee Contributions		total %	9a Your percentage distribution								
		12. State tax withheld		1. 1st year of desig. Roth contrib.	10, Amount allocable to IRR within 5 years						
16. Name of Locality		15. Local tax withheld		Account number (see instructions)							
	99-R 22.00 s *	Distribution 4 Federal income tax withheld \$1,322.00 6 Net unrealized appreciation in employer's securities 8 Other 8 Other 8 Differ 8 Dif	223.00 2015 223.00 Form 1099-R 223.00 Total Distribution i. Distribution ided 4 Federal income tax withheld ided 4 Federal income tax withheld buttons 6 Net unrealized appreciation in employer's securities IRA/ SEP/ SMPLE 8 Other IRA/ SEP/ SMPLE 8 Other IRA/ SEP/ SMPLE 9b Total Employee Contributions a of total 9b Total Employee's state no. YS/ 2326614	1 Gross distribution \$13,223.00 2a Taxable amount \$13,223.00 2b Taxable amount Form 1099-R 2b Taxable amount Total not determined. Distribution 3 Capital gain (included in box 2a). 4 Federal income tax withheld 5 Employee contributions (Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7.Distribution IRA/ SEP/SIMPLE 7 9a Your percentage of total distribution % 9b Total Employee 's tate no, YS/ 2326614	\$13,223.00 2015 Za Taxable amount \$13,223.00 Form 1099-R Zb Taxable amount						

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
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
DESCRIPTION OF AMOU Paid by check or direct deposit Medicare Part 3 premiums deducted from your benefits Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions Benefits for 2C15	JNT IN BOX 3 \$11,574.20 \$1,258.80 \$275.00 \$13,108.00 \$13,108.00	Box 6. Vo	DESCRIPTION OF AMOUNT IN BOX 4
Benefits for 2014 Benefits for 2013 Benefits for 2012		30911 YOUR	dress HAROLD MCCOOK BARD ROAD CITY, STATE AND ZIP im Number (use this number if you need to contact SSA 621-XX-XXXXA

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.		
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		
DESCRIPTION OF AMO	UNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4		
Paid by check or direct deposit	\$8,960.00	1.1			
Medicare Part 3 premiums deducted from your benefits	\$.00	þ.			
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$.00	15			
Total Additions	\$8,960.00	Box 6. Vo	luntary Faderal Income Tax Withheld		
Benefits for 2015	\$8,960.00				
		Box 7. Ad YVONN	dress IE ELAINE SMITH		
Benefits for 2014		30911	BARD ROAD		
Benefits for 2013		YOUR	CITY, STATE AND ZIP		
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA 622-XX-XXXXA			

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-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	
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

Box		<u>Amount</u>
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	
8	Tax-Exempt Interest (Federal exempt only)	975.00
9	Specified Private Activity Bond Interest	0.00
Sum	nmary of 2015 Proceeds From Broker and Barter Exchange Transactions	
Box		Amount
1d	Proceeds	49,915.43 *

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
Regu	lated 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
	is Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. 1e and Box 6 contain amounts for covered securities only.	

Alvin Bond Funds

2715 Alpine Lane Boston, MA 02110

2015 TAX REPORTING STATEMENT

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)

(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 15 State ID Number	16 State Tax Withheld
Hillford Ir	vestment 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 Bo	nd 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 Inv	estor Class Fun	d									
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

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 15 State ID Number	16 State Tax Withheld
Hillford Inv	estment 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 Funds

2715 Alpine Lane Boston, MA 02110

2015 TAX REPORTING STATEMENT

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

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

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 15 State ID Number	16 State Tax Withheld
Hillford I	nvestor Class Fu	und									
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

PAYER'S name, address, city, state, and ZIP code ROCKHURST CASINO	1. Gross winnings \$1,200.00	2. Date won 04/15/2015	2015	
10411 ATHENS RD	3. Type of wager SLOTS	4. Federal income tax withheld \$200.00	Form W2-G	
FAIRVIEW KY, 42221	5. Transaction	6. Race	Certain	
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8, Cashier 2718	Gambling Winnings	
63-3XXXXXX 866-555-1211	9. Winner's taxpayer identification no. 622-XX-XXXX	10. Window	This information is being furnished	
WINNER'S name, address, city, state, and ZIP YVONNE SMITH	11. First I.D. DRIVER LICENSE	12. Second I.D. CREDIT CARD	to the Internal Revenue Service	
30911 BARD ROAD	13. State Payer's identification no. YS 2330814	14. State Winnings \$1,200.00	Copy B Report this income	
YOUR CITY, STATE, ZIP	15. State income tax withheld \$200.00	16. Local Winnings	on your federal tax return. If this form shows federal income	
	17. Local income tax withheld	18. Name of locality	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 correctly identify me as the recipient of this payment and any payment				
Signature >	Date >			

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.

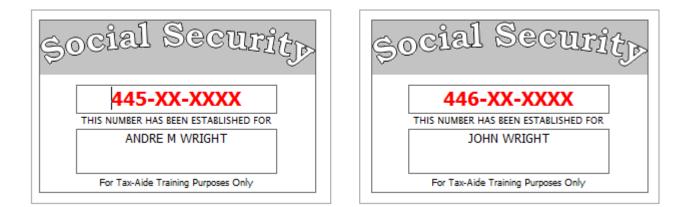
SUPPLEMENTAL EXERCISE 2

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.

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 V	Vright January – December 2015:	\$1,875.00
Account paid in full		

Form 13614-C (October 2014)		Int				sury - Interna Qualit		^{Service}	heet			OMB Number 1545-1964	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perso	ons on yo	our tax ur spoi	return. use.	You ar complete	e responenter ete and a	nsible for t accurate in	-3 of this fo he informat formation. ease ask the	ion on you		-	
Part I – Your Personal Inform	nation												
1. Your first name				M.I.	Last nan	ne						ou a U.S. cit	
Andre				M M.I.	Wright Last nan						× Ye	_] No J.S. citizen?
2. Your spouse's first name				IVI.I.	Last nan	le] No
3. Mailing address 516 Windgate Road			ļ		μ		City Your City				State Your S		IP code our Zip
4. Telephone number(s) 841-5	55-xxxx				Email add	dress (opti	onal)					I	*
5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full t	me stude	nt 🗌 Y	es 🗵 No
2/17/1975	Lab Technic				-	and perm		disabled [Yes 🗴	No c. L	egally blir	nd 🗌 Y	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	;		10. Last y	/ear, was y	our spor	use:		a. Full t	me stude	nt 🗌 Y	es 🗌 No
					b. Totally	and perma	anently c	disabled [🗌 Yes 🗌	No c. L	egally blir	id 🗌 Y	es 🗌 No
11. Can anyone claim you or y	our spouse o	on their tax re	turn?		s × N	lo 🗌	Unsure						
12. Have you or your spouse:		a. Been a vict		tity the	ft? 🗌 Y	′es 🛛 🗶	No	b. Adopted	d a child?	🗌 Yes	🗶 No		
Part II – Marital Status and													
 As of December 31 of last years were you: List the names below of: 		b Divorced or Lo	. Did you l . Was you	ive with r marria parated	n your spo age recog Date	use during nized unde	any par er the lav	t of the last vs of the sta eparate ma	six months o ite(s) you are intenance ag	of 2014? e filing in? greement	☐ Yı ☐ Yı	es 🗌 No es 🗌 No	Unsure
 everyone who lived with year 				spouse	e)			li auu					
• anyone you supported but		· · · · · ·		110	Desident	Cingle or		Tatally and					er Preparer
Name (<i>first, last</i>) Do not enter your name or spouse's name below	(mm/dd/yy)	you (for example: son, daughter, parent, none, etc)	months lived in your home last year	Citizen (yes/no	or Mexico last year (yes/no)		last year <i>(yes/no)</i>	Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	person provide more than 50% of their own support?	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)	half the cost o maintaining a home for this person?
(a)	(b) 5/15/2005	(C)	(d)	(e)	(f)	(g)	(h) Y	(i) N	(yes/no)	(yes/no)			(yes/no)
John Wright	5/13/2005	Son	12	Y	Y	S							
Catalog Number 52121E		ers are traind unethical be				s at <u>wi.vo</u>					205	rm 13614- (C (Rev. 10-2014

Wright

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					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
-90-	Part I	ll – Ine	come –	Last Year, Did You <i>(or Your Spouse)</i> Receive	
Ť	×			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 I	V – E>	penses	– Last Year, Did You <i>(or Your Spouse)</i> 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)	
Wright		×		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 \	/ – Lif	e Event	s – 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?	
	Catalog	g Numbe	er 52121E	www.irs.gov Form 13614-	• C (Rev. 10-2014)

		yee's social security number 445-XX-XXXX						
	er Identification number (EIN) 2XXXXXXX			other compensation	2. Federal income tax withheld \$1,268.23			
	's name address, city state ar	d ZIP Code	3. Social secur	ity wages 517,923.65	4. Social securit	y tax withheld \$1,111.27		
	RD TECHNOLOGY		5. Medicare w	ages and fips \$17,923.65	6. Medicare tax	withheld \$259.89		
	FRIENDLY BLVD, N PA, FL 33635	.vv.	7. Social secur	ity tips	8. Allocated tips	8. Allocated tips		
d. Control r	number		9.		10. Dependant care benefits			
ANDRE	e. Employee's name (first, initial, last), address, city, state and ZIP code ANDRE WRIGHT 516 WINGATE ROAD			Retirement Third-party Plan sickpay X	12a. See instructions for box 12 D \$1,15 12b.			
YOUR	CITY, STATE, ZIP		14. Other		12c.			
					12c.	5		
15. State YS	Employer's state ID number 16. State wages, tips, etc. 1 1-337-695 \$16,765.11		17. State income tax \$503.00	18, Local wages, tips, etc.	19. Local income	tax 20. Locality nam		
orm	N-2 201	5						

	a, Empl	oyee's social security number 445-XX-XXXX					
	er Identification number (EIN) 3XXXXXXX	1.2.		s, other compensation \$12,465.56	2. Federal income tax \$1,2	withheld 19.00	
	's name, address, city state a		3, Social secu	nty wages \$12,465.56	4. Social security tax withheld \$772.86		
	HARDT TECHNOLO	GY	and the second se	vages and tips \$12,465.56	6. Medicare tax withhe \$1	eld 80.75	
	WRENCE AVENUE F PETERSBURG, FL	. 33702	7, Social secu	rity tips	8, Allocated tips		
d. Control 13876		1	9,		10. Dependant care benefits \$750.00		
	ee's name (first, initial, last), a E WRIGHT	ddress, city, state and ZIP code	11. Nonqualifie	ed plans	12a. See instructions f	or box 12	
	INDGATE ROAD		13, Statutory Employee		12Б.		
YOUR	CITY, STATE, ZIF)	14. Other		12c.		
					12c.		
15, State	Employer's state ID numbe	I PARA CONTRACTOR	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality nam	
YS	1-337-695	\$12,465.56	\$675.89	2		a literation of	

PAYER'S name, address, city, state, ZIP NEWCOMB SAVINGS & LO		Payer's RTN (optional)	2015	Interest Incom
3265 ELON WAY BALTIMORE, MD 21233		1 Interest income \$147.31	Form 1099-INT	
		2 Early withdrawal penalty \$15.75	Copy For Recipien	
PAYER'S Federal identification number 44-1XXXXXX	RECIPIENT'S identification number 445-XX-XXXX	3 Interest on US Savings Bond	This is important ta information and	
RECIPIENT'S name, address, city, state ANDRE WRIGHT	and ZIP code	4 Federal income tax withheld	being furnished to th Internal Revenu Service. If you ar	
516 WINDGATE RD		6 Foreign Tax Paid	7 Foreign Country or US	possession required to file return, a negligenc penalty or othe
YOUR CITY, STATE, ZIP		8 Tax exempt interest	9 Specified private activit interest	
		10 Market Discount	11 Bond Premium	determines that is ha not been reported
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State 14 State Ide	entification no. 15 State tax withheld

		TED (if checked)				
PAYER'S name, address, city, state, ZI NATURES HONEY	IP code	1 Rents \$90.00	2015	Miscellaneous Income		
314 DOWN HOME TER	RACE	2 Royalties	Form 1099-MISC			
YOUR CITY, STATE, Z		3 Other Income	4 Federal income tax withheld	Copy E		
PAYER'S Federal identification number 44-5XXXXXXX	RECIPIENT'S identification number 445-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	For Recipient		
RECIPIENT'S name, address, city, s ANDRE WRIGHT	tate, ZIP code	7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	This is important t information and being furnished to t Internal Reven		
516 WINDGATE ROAD YOUR CITY, STATE, Z		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	10 Crop Insurance proceeds	Service. If you are required to file a return, a negligence penalty or other		
TOOK CITT, STATE, 2	IP	11	12	sanction may be imposed on you if this income is taxable and the IRS		
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that is 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						

Form 1095-		Insurance M						
Department of the Treat Internal Revenue Service		ation about Form 1095-A ar vww.irs.gov/from1095a.	d its separate instructi		D 20 15			
Recipient	Information		1.0.0					
Marketplace Identifier	3	2 Marketplace-assigned policy numb J56484455		3 Policy issuer's name ANTHEM BLUE CROSS BLUE SHIELD				
Recipient' name ANDRE WRIGH	IT		5 Recipient 445	the second se	ient's date of birth 02/17/1975			
'Recipient' spouses's nam	1e		8 Recipient	s spouse's SSN 9 Recip	ient's spouse's date of birth			
0 Policy start date 01/01/2015		11 Policy Termination Date 12/31/2015		ddress (including apartment num VINDGATE RD	ber)			
3 City, State, Country a YOUR CITY,								
art II Coverage		the second second						
A Co	vered Individual Name	B Covered Individual SSN	C, Date of Birth	D. Start Date	E. Termination Date			
ANDRE WRIG	HT	445-XX-XXXX	02/17/1975	01/01/2015	12/31/2015			
⁷ JOHN WRIGH 8	T	446-XX-XXXX	05/15/2005	01/01/2015	12/31/2015			
art III Househol	d Information							
Month A Mont	hly Premium Amount B M	onthly Premium Amount of Second L	owest Cost Silver Plan (SLCS	P) C. Monthly Advance Pay	ment of Premium Tax Cred			
21 January	\$629.00	and the second	\$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			
8 August	\$629.00		\$731.00		\$574.00			
9 September	\$629.00		\$731.00		\$574.00			
10 October	\$629.00		\$731.00		\$574.00			
	\$629.00		\$731.00		\$574.00			
31 November	3023.00							
31 November 32 December	\$629.00		\$731.00		\$574.00			

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.

FILER'S name, address, city, state, and ZI UPRIVER COMMUNIT 1000 GARDEN AVE		1 Payments received for qualified tuition and related expenses	2015	Tuition
YOUR CITY, STATE, 2	ZIP	2 Amounts billed for qualified tuition and related expenses \$3,500.00	Form 1098-T	Statement
FILER'S Federal identification number	STUDENT'S social security number 445-XX-XXXX	3 If this box is checked, your en has changed its reporting met		Copy B For Student
STUDENT'S name, address, city, state, and ANDRE WRIGHT 516 WINGATE ROAD	nd ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants \$3,700.00	This is important tax information and is being
YOUR CITY, STATE, 2	ZIP	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January- March 2014. >	furnished to the Internal Revenue Service.
Service Provider/Acct No. (see instr.)	8. Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb/refund	

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.



Form 13614-C (October 2014)		Int				sury - Internal Qualit		^{Service}	neet			OMB Number 1545-1964	
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perso	ons on vo	our tax i ur spou	return. Ise.	 You ar complete 	e responents te and a	nsible for tl accurate in	formation.	ion on yo		Please prov	
Part I – Your Personal Inform	nation												
1. Your first name				M.I.	Last nan	ne					Are yo ≭ Ye	ou a U.S. citi	
Thomas 2. Your spouse's first name				A M.I.	Yale Last nan	20						r spouse a l	No LS citizon?
Gale				S	Yale	le					rs you I≍ Ye		No
3. Mailing address						Apt # C	ity				State	ZI	P code
3421 Hartford Street							our City				Your S	State Y	our Zip
4. Telephone number(s) 553-5	55-xxxx				Email ado	dress (optio	onal)						
5. Your Date of Birth	6. Your job	title			7. Last ye	ear, were y	ou:			a. Full t	ime stude	nt 🗌 Ye	es 🗵 No
11/12/1949	Tutor				b. Totally	and perma	anently d	lisabled	Yes 🗴	No c. L	egally blir	nd 🗌 Ye	es 🗵 No
8. Your spouse's Date of Birth	9. Your spo	ouse's job title	9		10. Last y	/ear, was y	our spou	use:		a. Full t	ime stude	nt 🗌 Ye	es 🗵 No
3/27/1964	Teacher				b. Totally	and perma	anently d	lisabled	Yes 🗵	No c. L	egally blir	nd 🗌 Ye	es 🗵 No
11. Can anyone claim you or y	our spouse o	on their tax re	eturn?	🗌 Yes	×N	lo 🗌	Unsure						
12. Have you or your spouse:		a. Been a vict		ntity thef	t? 🗌 Y	′es 🛛 🗴	No	b. Adopted	a child?	🗌 Yes	🗶 No		
Part II – Marital Status and													
 As of December 31 of last ye were you: List the names below of: 		b Divorced or L	. Did you . Was yoι	live with ur marria parated	your spo ige recog Date	use during nized unde	any par the law	t of the last vs of the sta eparate ma	six months o te(s) you are intenance ag	of 2014? e filing in? greement	□ Y(□ Y(es 🗌 No es 🗌 No	Unsure
 everyone who lived with yo 				spouse)			ii auu					
• anyone you supported but										-	-	1	er Preparer
Name (first, last) Do not enter your name or spouse's name below	(mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	months lived in your home last year	Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/14 (<i>S/M</i>)	last year (yes/no)	Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return?	50% of their own support?	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?
(a)	(b)	(C)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	(yes/no)			(yes/no)
Melissa Yale	5/7/2004	Daughter	12	Y	Y	S	Y	N					
Douglas Yale		Son	12	Y	Y	S	Y	N					
Joyce Stephens	9/5/1937	Mother	12	Y	Y	S	N	Y					
Catalog Number 52121E		ers are train unethical be				s at <u>wi.vo</u>					205		(Rev. 10-2014

Yale

-95-

					Page 2
	Yes	No	Unsure	Check appropriate box for each question in each section	
-96-	Part II	ll – In	come –	Last Year, Did You <i>(or Your Spouse)</i> Receive	
Ŷ,	×			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	
		V – E	xpenses	– Last Year, Did You (or Your Spouse) Pay	
	x			1. (B) Alimony? If yes, do you have the recipient's SSN? 💌 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)	
Yale		×		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?	
		/ – Li	fe Event	s – Last Year, Did You <i>(or Your Spouse)</i>	
		×		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?	
	Catalog	Numb	per 52121E	www.irs.gov Form 13614	1-C (Rev. 10-2014)

		vee's social security number 512-XX-XXXX					
10 C 10 C 1	r Identrication number (EIN) XXXXXXX			, other compensation \$29,500.75	2. Federal income tax withheld \$1,586.77		
	's name address, city state an		3. Social secu	rity wages \$31,000.75	4. Social security tax v \$1,9	withheld 022.05	
1000	W JOPLIN ST, SW		5. Medicare w	vages and tips \$31,000.75	6. Medicare tax withh \$4	^{eld} 149.51	
WILM	INGTON, DE 19850		7. Social secu	rity tips	8. Allocated tips		
d. Control r	number		9.		10. Dependant care benefits \$1,000.00		
	e's name (first, initial, last), add 5. YALE	ress, city, state and ZIP code	11. Nonqualifie	d plans	12a. See instructions for box 12 D \$1,50		
	IARTFORD ST		13. Statutory Employee		12b. DD	\$1,800.00	
YOUR	CITY, STATE, ZIP		14. Other		12c.		
					12c.	-	
15. State YS	Empkyer's state ID number 11-178911			18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
	N-2 201		\$718.81		-		

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

		vee's social security number 512-XX-XXXX						
20 C	er Identification number (EIN) 2XXXXXX		1. Wages, tips	other compensation \$4,325.33	2. Federal income tax withheld \$275.25			
Employer's name, address, city state, and ZIP Code			3. Social secur	ity wages \$2,925.33		4. Social security tax withheld \$268.17		
CHAFFEY FAMILY FOODS 12 MENLO ROAD ASSARIA, KS 67416		5. Medicare w	ages and tips \$4,325.33	6. Medicare tax withh	eld 62.72			
		7. Social secur	ity tips \$1,400.00	8. Allocated tips	8. Allocated tips			
d. Control r	number		9.		10. Dependant care be	enefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code GALE S. YALE 3421 HARTFORD STREET		11. Nonqualifie 13. Statutory Employee 14. Other	Retirement Third-party	12a. See instructions for box 12 12b.				
YOUR	CITY, STATE, ZIP				12c.			
15. State	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 nam		

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 UnreportedTip 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 _____

Line 8 - INTEREST:

PAYER'S name, address, city, state, ZIP code VINCENNES FEDERAL CREDIT UNION 15321 TYLER ST HARTFORD, CT 06101		Payer's RTN (optional)	2015	Interest Income
		1 Interest income \$379.45	Form 1099-INT	
		2 Early withdrawal penalty		Copy B For Recipient
PAYER'S Federal identification nomber 50-3XXXXXX	RECIPIENT'S identification number 511-XX-XXXX	3 Interest on US Savings Bonds	s and Treas, obligations	This is important tax information and is
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YAI F		4 Federal income tax withheld \$38.00	5 Investment expenses	being furnished to the Internal Revenue Service. If you are
3421 HARTFORD ST		6 Foreign Tax Paid	7 Foreign Country or US ;	possession required to file a return, a negligence penalty or other
YOUR CITY, STATE, ZIP Account number (see instructions)		8 Tax exempt interest	9 Specified private activity interest	
		10 Market Discount	11 Bond Premium	determines that is has not been reported.
		12 Tax-exempt bond CUSIP no	13 State 14 State Ider	ntification no. 15 State tax withheld

PAYER'S name, address, city, state, ZIP code MERCER NATIONAL BANK 1412 HASTINGS HWY		Payer's RTN (optional)	20 15 Form 1099-INT		Interest Income	
		1 Interest income				
BUFFALO, NY 14240		2 Early withdrawal penalty	-			Copy B For Recipient
PAYER'S Federal identification number 50-4XXXXXX 511-XX-XXXX		3 Interest on US Savings Bonds \$650.00	s and Treas, c	obligations		This is important tax information and is
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YALE		4 Federal income tax withheld	5 Investment expenses			being furnished to the Internal Revenue Service. If you are
3421 HARTFORD ST		6 Foreign Tax Paid	7 Foreign C	return, a ne		required to file a return, a negligence penalty or other
YOUR CITY, STATE, ZIP		8 Tax exempt interest \$208.00	9 Specified ; Interest	d private activity bond sanction c imposed this i		sanction may be imposed on you if this income is taxable and the IRS
		10 Market Discount	11 Bond Premium		Ξ.N.	determines that is has not been reported.
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State	14 State Ident	fication no.	15 State tax withheld

Refund Monitor: AGI _____

Line 9 – DIVIDENDS:

CORRE	CTED (if checked)		
PAYER'S name, address, city, state, ZIP code MENLO GLOBAL INC	1 Total Ordinary Dividends \$355.76 2015		
368 CALVIN ST	1b Qualified Dividends \$305.76	Form 1099-DIV	
BANGOR, ME 04401	2aTotal capital gain distr.	2b Unrecap. Sec. 1250 gain	10000
PAYER'S Federal identification number RECIPIENT'S identification number 50-5XXXXXX 511-XX-XXXX	mber 2c Secton 1202 gain	2d Collectables (28%) gain	Copy B For Recipient
RECIPIENT'S name, address, city, state, ZIP code THOMAS YALE	3 Nondividend distributions \$25.00	4 Federal income tax withheld	
3421 HARTFORD ST		5 Investment expenses	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
YOUR CITY, STATE, ZIP	6 Foreign Tax Paid \$4.75	7 Foreign Country or US possession	
	8 Cash Iquidation distributions	9 Noncash liquidation distribution	
	10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	imposed on you if this income is taxable and the IRS cetermines that is has
Account number (see instructions)	13 State 14 State Identific	ation no. 15 State tax withheld	not been reported.
Form 1099-DIV			

		D (if che	ecked)					
PAYER'S name, address, city, state, ZIP code DUQUESNE INDUSTRIES INC 23 FRANKLIN DRIVE PITTSBURG, PA 15219 PAYER'S Federal identification number 50-6XXXXXX RECIPIENT'S identification number 50-6XXXXXX STREE S12-XX-XXXX RECIPIENT'S name, address, city, state, ZIP code GALE S. YALE 3421 HARTFORD ST		1 Total Or	dinary Dividends \$456.26	2	015	Dividends and Distributions		
		1b Qualfie	d Dividends	For	m 1099-DIV			
		2aTotal ca	pital gain distr.	2b Unreca	ap. Sec. 1250 gain			
		2c Sector	n 1202 gain	2d Collec	tables (28%) gain	Copy B For Recipient		
		3 Nondivid	end distributions	4 Federal	income tax withheld \$45.00			
			11	5 Investr	nent expenses	This is important tax information and is being furnished to the		
YOUR CITY, STATE, ZIF	OUR CITY, STATE, ZIP		IR CITY, STATE, ZIP		Fax Paid	7 Foreign	Country or US possess	required to file a
			idation distributions	ion distributions 9 Noncash lic		return, a negligence penalty or other sanction may be		
		10 Exempt	-Interest dividends		ied private activity nterest dividends	imposed on you if this income is taxable and the IRS cetermines that is has		
Account number (see instructions)		13 State	14 State Identifica	ation no.	15 State tax withheld	not been reported.		
		******	********	*****				
Form 1099-DIV				4				

Refund Monitor: AGI _____

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.

		TED (if checked)			
PAYER'S name, address, city, state, ZIP code LAFAYETTE TUTOR SERVICES 8350 BLUEFIELD WAY, SUITE 240		1 Rents	2015	Miscellaneous	
		2 Royalties	Form 1099-MISC	Income	
CONCORD, NH 0.3301 PAYER'S Federal identification number 50-7XXXXXX 511-XX-XXXX		3 Other Income	4 Federal income tax withheld	Copy B For Recipient	
		5 Fishing boat proceeds	6 Medical and health care payments	ror recipient	
RECIPIENT'S name, address, city, state, ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP Account number (see instructions)		7 Nonemployee Compensation \$3,125.00	8 Substitute payments in lieu of dividends or interest	This is important ta information and beirg furnished to th Internal Revenu	
		9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	10 Crop Insurance proceeds	Service. If you ar required to file return, a negligenc penalty or othe sanction may b imposed on you this income	
		11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney.	taxable and the IRS determines that is has rot 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					

Refund Monitor:

AGI

Line 15 – IRA DISTRIBUTIONS:

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

I constant a	1	1	-	Distributions From
		2015		Pensions, Annuities, Retirement or
	Za Taxable amount Form 1099-R 2b Taxable amount Total not determined. Distribution		Profit-Sharing Plans, IRAs. Insurance	
				Contracts, etc.
per 3 Capital gain (in in box 2a).				Copy B Report this income on your
/Designated R contributions o	5 Employee contributions /Designated Roth contributions or insurance premiums		urities	federal tax return. If this form shows federal income tax withheld in
7.Distribution Code(s) 1	IRAV SEP/ SIMPLE	8 Other	%	box 4, attach this copy to your return. This information
9a Your percenta distribution	9a Your percentage of total distribution			is being furnished to the Interna Revenue Service
12. State tax wit	12. State tax withheld		state no.	14. State Distribution
15, Local tax wit	hheld	16. Name of Loca	lity	17. Local Distribution
	\$15 2a Taxable amou \$15 2b Taxable amou net determin ber 3 Capital gain (ir in box 2a), 5 Employee cor /Designated R contributions o insurance pren 7.Distribution Code(s) 1 9a Your percents distribution 12. State tax wit	Za Taxable amount \$15,000.00 Zb Taxable amount nct determined. Der 3 Capital gain (included in box Za). 5 Employee contributions //Designated Roth contributions or insurance premiums 7.Distribution 7.Distribution 7.Distribution 7.Distribution 1 9a Your percentage of total distribution %	\$15,000.00 20 2a Tavable amount \$15,000.00 Form 1 2b Tavable amount not determined. Total Distribution ber 3 Captal gain (included in box 2a). Total Distribution 5 Emoloyee contributions /Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's secu 7.Distribution Code(s) IFA SEP SIMPLE 8 Other 7.Distribution Code(s) IFA SEP SIMPLE 8 Other 9a Your percentage of total distribution 9b Total Employee Contributions 12. State tax withheld 13. State/Payer's	\$15,000.00 2015 2a Taxable amount \$15,000.00 Form 1099-R 2b Taxable amount not determined. Total Distribution ber 3 Captal gain (included in box 2a). Total Distribution ber 3 Captal gain (included in box 2a). 4 Federal income tax withheld 5 Emoloyee contributions /Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7.Distribution Code(s) IFA/ SEP/ SIMPLE 8 Other % 9a Your percentage of total distribution 9b Total Employee Contributions 9b Total Employee Contributions 12. State tax withheld 13. State/Payer's state no.

Line 16 – PENSIONS AND ANNUITIES

		D (if checke	d)	CT 117		
	5 name, address, city, state, ZIP code R COUNTY POLICE DEPARTMENT		1 Gross distribution \$14,000.00		5	Distributions From Pensions, Annuities, Retirement or
908 PIEDMONT PARKWAY COLUMBUS, OH 43216		2a Taxable amou	unt	Form 109		Profit-Sharing Plans, IRAs. Insurance
		2b Taxable amou not determin		Total Distribution		Contracts, etc.
PAYER'S Federal identification number 50-9XXXXXX RECIPIENT'S identification number 511-XX-XXXX RECIPIENT'S name, address, city, state, ZIP code THOMAS A. YALE		3 Capital gain (in in box 2a).	3 Capital gain (included 4 Federal income tax in box 2a). 4 Kederal income tax withheld \$800.00			Copy B Report this income on your
		/Designated Roth		6 Net unrealized appreciation in employer's securities		federal tax return. If this form shows federal income tax withheld in
3421 HARTFORD ST. YOUR CITY, STATE, Z	3421 HARTFORD ST. YOUR CITY, STATE, ZIP		IRA/ SEP/ SIMPLE	8 Other	%	box 4, attach this copy to your return. This information
		9a Your percentage of total distribution %		9b Total Employee Contributions \$48,483.00 13. State/Payer's state no.		is being furnished to the Internal Revenue Service
10. Amount allocable to IRR within 5 years 11. 1st year of desig. Roth contrib. Account number (see instructions)		12. State tax wit	hheld			
		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

Line 20a – SOCIAL SECURITY BENEFITS:

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		WN IN BOX 5 MAY BE TAXABLE INCOME.
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
DESCRIPTION OF AMO	UNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
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	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits for 2015	\$10,800.00		
		Box 7. Ad THOM	idress AS ANTHONY YALE
Benefits for 2014		3421 H	IARTFORD STREET
Benefits for 2013		YOUR	CITY, STATE, ZIP
Benefits for 2012		Box 8. Cla	im Number (use this number if you need to contact SSA 511-XX-XXXXA

Refund Monitor:

AGI _____

Refund/Due _____

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

PAYER'S name, address, city, state, and ZIP code BLUFFTON CASINO	1. Gross winnings \$750.00	2. Date won 05/15/2015	2015 Form W2-G
1921 CORNELL COURT	3. Type of wager BLACKJACK	4. Federal income tax withheld	
DETROIT, MI 48233	5. Transaction	6. Race	Certain
PAYER'S Federal identification number Payer's Telephone number	7. Winnings from identical wagers	8, Cashier	Gambling Winnings
51-0XXXXX 213-555-1111	9. Winner's taxpayer identification no. 512-XX-XXXX	10. Window	This information is being furnished
WINNER'S name, address, city, state, and ZIP GALE YALE	11. First I.D.	12. Second I.D.	to the Interna Revenue Service
3421 HARTFORD ST.	13. State Payer's identification no.	14. State Winnings	Copy B Report this income
YOUR CITY, STATE, ZIP	15. State income tax withheld	16. Local Winnings	on your federal tax return. If this form shows federal income
	17. Local income tax withheld	18. Name of locality	tax withheld in box 4, attach this copy to your return.
Under penalty of perjury, I declare that, to the best of my knowledge ar correctly identify me as the recipient of this payment and any payment			
Signature >	Date >		-

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

Line 40 – ITEMIZED DEDUCTIONS, SCHEDULE A:

Modical insurance for Molissa & Douglas	¢0 175
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 52-0xxxxx, 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.

	1 Payments received for		
FILER'S name, address, city, state, and ZIP code ASHLAND UNIVERSITY		2015	Tuition
	2 Amounts billed for qualified tuition and related expenses	Statement	
			Copy B For Student
code	4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information and is being
	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January March 2014. >	furnished to the Internal Revenue Service.
Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb/refund	
	ENT'S social security number 514-XX-XXXX 2 code	qualified tuition and related expenses \$7,500.00 2 Amounts billed for qualified tuition and related expenses VENT'S social security number 3 If this box is checked, your e has changed its reporting me 514-XX-XXXX 9 code 4 Adjustments made for a prior year 6 Adustments to scholarships or grants for a prior year 6 Adustments to scholarships or grants for a prior year	1 Payments received for qualified tuition and related expenses 2015 \$7,500.00 2 Amounts billed for qualified tuition and related expenses Form 1098-T VENT'S social security number 3 If this box is checked, your educational institution has changed its reporting method for 2015. Form 1098-T 20 15 5 Scholarships or grants prior year 5 Scholarships or grants 6 Adustments to scholarships or grants for a prior year 7 Checked if the amount in box 1 or 2 includes amounts for an academic portio bogining January method 0 Checked if at least 9 Checked if a graduate 10 Ins. contract reimb/refund

Refund Monitor:

AGI _____

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	\$
Your Bank Bank City, State, ZIP Code For I: 322070239 I: 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.



HANA ¹	332-XX-XXXX
	THIS NUMBER HAS BEEN ESTABLISHED FOR Mary B. Bragg
	Mary B. Bragg
-	SIGNATURE
50	TAL SECURITY
50	334-XX-XXXX
SO	334-XX-XXXX
50	334-XX-XXXX

(Uctoper 2014)	m 13614-C Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet								OMB N 1545-				
You will need: • Tax Information such as • Social security cards or • Picture ID (such as valid	ITIN letters	for all perse	ons on yo	our tax our spou	return. Jse.	 You ar complete 	e respo	accurate in	he informat formation.	ion on yo		Please pro nteer prepa	
Part I – Your Personal Inform	nation												
1. Your first name				M.I.	Last nan							Are you a U.S. citizen?	
2 Your spouse's first name				R	Loothoon		rry				X Ye		No
2. Your spouse's first name Mary				м.I. В	Last nan	Br	ragg				X Ye		J.S. citizen? No
3. Mailing address 8705 Somersby Way						1	City	City			State VS	Z	IP code /our Zip
4. Telephone number(s)	259-555-2	xxxx			Email add	dress (optio	onal)						
5. Your Date of Birth 07/28/1943	6. Your job Clerk	title			100 C 100	ar, were y and perma		disabled	Yes 🗶		time stude Legally blir		
8. Your spouse's Date of Birth 01/15/1953		ouse's job title ed 12/12/			and the second sec	ear, was y and perma	a second second second second		Yes 🛛		time stude Legally blir		
11. Can anyone claim you or yo	our spouse o	on their tax re	eturn?	☐ Yes	XN	lo 🗌	Unsure	Y				-	
			As a second	TANK TRACT	A 18 19 19 19 19 19 19			CONTRACTOR AND A CONTRACT	e - 1 de mes		1000 A.1		
		a. Been a vict		ntity thef	t? 🗌 Y	es 🗙	No	b. Adopted	d a child?	Yes	🗙 No		
Part II – Marital Status and 1. As of December 31 of last ye	l Househol ear, 🔲 ६	d Informati Single (This in	ion ncludes re	gistered	d domesti	partnersh	nips, civi	l unions, or (other formal	relations	nips under		
 Part II – Marital Status and 1. As of December 31 of last ye were you: 2. List the names below of: • everyone who lived with ye 	I Househol ear, □ S ⊠ M □ C □ V ou last year (d Informati Single (This in Married a b Divorced or L Nidowed Y fother than yo	ion Includes re In Did you Do Was you Was you egally Sep Year of spor	egisterec live with ur marria oarated ouse's d	d domestion n your spo age recog Date death	c partnersh use during nized unde of final dee	hips, civi g any par er the lav cree or s Ye:	l unions, or o t of the last vs of the sta eparate ma s	other formal six months te(s) you ar intenance a litional space	relationsh of 2014? e filing in? greement e is neede	nips under X Y X Y X Y	es 🗌 No es 🗌 No ere 🗌 and li	st on page 3
 Part II – Marital Status and 1. As of December 31 of last ye were you: 2. List the names below of: everyone who lived with ye anyone you supported but 	I Househol ear, □ S X M □ C □ V ou last year (did not live v	d Informati Single (This in Married a b Divorced or L Nidowed Y <i>Yother than yo</i> with you last	ion ncludes re a. Did you b. Was you egally Sep (ear of spo ou or your year	egistered live with ur marria parated puse's d	d domestion n your spo age recog Date leath	c partnersh use during nized unde of final dec s Yes	hips, civi g any par er the lav cree or s Yes Yes	l unions, or o t of the last vs of the sta eparate ma s If add	other formal six months te(s) you ar intenance a litional space To be co	relationsh of 2014? e filing in? greement e is neede	nips under X Y X Y d check he by a Certifi	es	st on page 3 er Preparer
 Part II – Marital Status and 1. As of December 31 of last ye were you: 2. List the names below of: • everyone who lived with ye 	Househol ear, S X L L L L L L V V V U L L S V L S V L S V S V L S V V V V V V	d Informati Single (This in Married a Divorced or L Vidowed Y Vidowed Y Vidowed Y Relationship to you (for example: son, daughter, parent, none, etc)	ion Includes re Did you Was you egally Sep (ear of spo ear of spo ou or your year Number of months lived in your home last year	egistered live with parated puse's d spouse spouse US Citizen (yes/no)	d domestic n your spo age recog Date leath e) Ye Resident of US, Canada, or Mexico last year (yes/no)	c partnersh use during nized unde of final dec s Yes Single or Married as of 12/31/14 (S/M)	hips, civi g any par er the lav cree or s Yes Yes Full-time Student last year (yes/no)	I unions, or o t of the last vs of the sta eparate ma s If add Totally and Permanently Disabled (yes/no)	other formal six months te(s) you ar intenance a litional space To be co Can this person be claimed by someone else as a dependent on their retum?	relationsh of 2014? e filing in? greement e is neede mpleted k Did this person provide more than 50% of their own support?	nips under X Y X Y X Y	es No es No ere and li ied Volunte Did the taxpayer(s) provide more	st on page 3 er Preparer Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?
 Part II – Marital Status and 1. As of December 31 of last ye were you: 2. List the names below of: everyone who lived with ye anyone you supported but Name (first, last) Do not enter your name or spouse's name below (a) 	Househol ear, S X L Du last year (did not live y Date of Birth (mm/dd/yy)	d Informati Single (This in Married a b Divorced or L Vidowed Y Vidowed Y Vidowed Y Relationship to you (for example: son, daughter, parent, none,	ion Includes re Includes re Includes re Includes you egally Sep Year of sport year Number of months lived in your home	egisterec live with ur marria barated buse's d spouse spouse US Citizen (yes/no)	d domestion n your spo age recog Date death e) Ye Resident of US, Canada, or Mexico last year	s partnersh use during nized unde of final dea s Yes Single or Married as of 12/31/14	hips, civi g any par er the lav cree or s Ve: Ves Full-time Student last year	l unions, or o t of the last vs of the sta eparate ma s If add Totally and Permanently Disabled	other formal six months te(s) you ar intenance a litional space To be co Can this person be claimed by someone else as a dependent on	relationsh of 2014? e filing in? greement e is neede mpleted t Did this person provide more than 50% of their own	nips under X Y X Y C X Y C X Y C X Y C Y C Y C Y C Y C Y C Y C Y C	es No es No ere and li ied Volunte Did the taxpayer(s) provide more than 50% of support for this person?	st on page 3 er Preparer Did the taxpayer(s) pay more than half the cost of maintaining a home for this
 Part II – Marital Status and 1. As of December 31 of last ye were you: 2. List the names below of: everyone who lived with ye anyone you supported but Name (first, last) Do not enter your name or spouse's name below 	Househol ear, S X L Du last year (did not live y Date of Birth (mm/dd/yy)	d Informati Single (This in Married a b Divorced or L Vidowed Y (other than you with you last Relationship to you (for example: son, daughter, parent, none, etc) (c) Grandchild	ion Includes re Did you Was you egally Sep fear of spo fear of spo ou or your year Number of months lived in your home last year (d)	egistered live with parated puse's d spouse's d spouse (ves/no) (e)	d domestic n your spo age recog Date leath e) Ye Resident of US, Canada, or Mexico last year (yes/no) (f)	c partnersh use during nized unde of final ded s Yes Single or Married as of 12/31/14 (S/M)	hips, civi g any par er the lav cree or s Yes Yes Full-time Student last year (yes/no) (h)	l unions, or o t of the last vs of the sta eparate ma s If add Permanently Disabled (yes/no) (i)	other formal six months te(s) you ar intenance a litional space To be co Can this person be claimed by someone else as a dependent on their retum?	relationsh of 2014? e filing in? greement e is neede mpleted k Did this person provide more than 50% of their own support?	nips under X Y X Y C X Y C X Y C X Y C Y C Y C Y C Y C Y C Y C Y C	es No es No ere and li ied Volunte Did the taxpayer(s) provide more than 50% of support for this person?	st on page 3 er Preparer Did the taxpayer(s) pay more thaa half the cost of maintaining a home for this person?
2. List the names below of: • everyone who lived with you • anyone you supported but Name (<i>first, last</i>) Do not enter your name or spouse's name below (a) Terri Thomas	Househol ear, S X M Du last year (did not live v Date of Birth (mm/dd/yy) (b) 05/08/11	d Informati Single (This in Married a b Divorced or L Vidowed Y Cother than you with you last Relationship to you (for example: son, daughter, parent, none, etc) (c) Grandchild Daughter	ion Includes re a. Did you egally Sep (ear of spon ou or your year Number of months lived in your home last year (d) 12	egisterec live with ur marria parated puse's d spouse's d spouse Citizen (yes/no) (e) Yes	d domestion n your spo age recog Date death e) Ye Resident of US, Canada, or Mexico last year (yes/no) (f) Yes	c partnersh use during nized under of final der s Yes Single or Married as of 12/31/14 (S/M) (g) S	hips, civi g any par er the lav cree or s Yes Yes Full-time Student last year (yes/no) (h) No	l unions, or o t of the last vs of the sta eparate mai s If add Permanently Disabled (yes/no) (i) No	other formal six months te(s) you ar intenance a litional space To be co Can this person be claimed by someone else as a dependent on their retum?	relationsh of 2014? e filing in? greement e is neede mpleted k Did this person provide more than 50% of their own support?	nips under X Y X Y C X Y C X Y C X Y C Y C Y C Y C Y C Y C Y C Y C	es No es No ere and li ied Volunte Did the taxpayer(s) provide more than 50% of support for this person?	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?

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				Page 2
	- A		Check appropriate box for each question in each section	;
	III – In		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?	
	X		2. (A) Tip Income?	
	x		3. (B) Scholarships? (Forms W-2, 1098-T)	
X			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)	
	x		6. (B) Alimony income?	
X			7. (A) Self-Employment income? (Form 1099-MISC, cash)	
X			8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?	
X			9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)	
	X		10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)	
x			11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)	
x			12. (B) Unemployment compensation? (Form 1099-G)	
X			13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)	
	X		14. (M) Income (or loss) from Rental Property?	
X			15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify	24
Part	IV – Ex	xpense	s – Last Year, Did You <i>(or Your Spouse)</i> Pay	7 ⁴
×			1. (B) Alimony? If yes, do you have the recipient's SSN? Yes No	
x			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)	
X			5. (B) Medical expenses? (including health insurance premiums)	
×			6. (B) Home mortgage interest? (Form 1098)	
X			7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)	
X			8. (B) Charitable contributions?	
x			9. (B) Child or dependent care expenses such as daycare?	
	X		10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?	
x			11. (A) Expenses related to self-employment income or any other income you received?	<u>a</u>
Part V	V – Lif	fe Even [.]	ts – Last Year, Did You <i>(or Your Spouse)</i>	
	x		1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)	a.
	x		2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)	
	X		3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)	
	X		4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?	
X			5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)	
	x		6. (B) Live in an area that was affected by a natural disaster? If yes, where?	
	X		7. (A) Receive the First Time Homebuyers Credit in 2008?	
×			8. (B) Pay any student loan interest? (Form 1098-E)	
	X		9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?	
	X		10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?	
Catalo	g Numb	er 52121E	E www.irs.gov Form	13614-C (Rev. 10-2014)

-110-

Г

		vee's social security number 331-XX-XXXX						
	 Employer Identification number (EIN) 25-5XXXXXXX 					2. Federal income tax withheld \$945.63		
c. Employer's name, address, city state and ZIP Code JEFFERSON COUNTY SCHOOL DISTRICT 12210 ROBIN ROAD			\$9.456		4. Social se		rithheld 86.29	
			5. Medicare w	ages and tips \$9,456.34				
INDIA	NAPOLIS, IN 46204		7, Social secur	rity tips	8. Allocated	tips	121-4	
d. Control n	umber		9,	-	10, Depend	ant care be	nefits	
	e's name (first, initial, last), add R KFRRY	lress, city, state and ZIP code	11, Nonqualifie	d plans	12a. See in DD	structions fo	y box 12 \$564.58	
8705 S	OMERSBY WAY CITY, YS ZIP		13, Statutory Employee		12b.	1		
			14. Other		12c.		-	
					12c.	1		
		17. State income tax \$574.50	18. Local wages, tips, etc.	19, Local inco	ome tax	20. Locality nam		
orm	N-2 201	5						

		vee's social security number 332-XX-XXXX	12.					
	er Identification number (EIN)	4	1. Wages,	tips, other compensation \$32,283.00	- i i - a - a - a - a - a - a - a - a -	2. Federal income tax withheld \$1,228.00		
c. Employer's name, address, city state and ZIP Code PETROLEUM OIL & GAS 624 KASPER DRIVE			3. Social s	curity wages \$35,003.00	4. Social security tax withheld 2,170.19			
			5. Medicar	e wages and tips \$35,003.00	6. Medicare tax w	vithheld \$507.54		
INDIA	ANAPOLIS, IN 46204		7, Social s	ecurity tips	8. Allocated tips	1.4		
d. Control i	number		9,		10. Dependant ca	sre benefits \$300.00		
Concerne a	ee's name (first, initial, last), add B BRAGG	fress, city, state and ZIP code	11. Nonqua	ified plans	12a, See instructi D	ons for box 12 \$2,720.00		
100 C C C	SOMERSBY WAY CITY, YS ZIP		13. Statute Emplo		12b. DD	\$4,252.00		
			14. Other		12c.			
					12c.			
15. State Employer's state ID number 16. State wages, tips, etc. 17		17. State income tax	18. Local wages, tips, etc.	. 19, Local income ta	ax 20, Locality nam			
YS	25-6XXXXXX	\$32,283.00	\$935.	76				

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

b, Employer Identification number (EIN) 26-5XXXXXX			s, 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 secur	3 Social security wages \$1,500.00		withheld \$93.00
			ages and tips \$1,500.00	6. Medicare tax with	ьын \$21.75			
			rity tips	8. Allocated tips				
number		9		10, Dependant care	benefits			
mployee's name (first, initial, last), address, city, state and ZIP code ARY B BRAGG 705 SOMERSBY WAY DUR CITY, YS ZIP		13, Statutory	Retirement Third-party	12a. See instructions 12b,	for box 12			
		14. Other	14. Other					
				12c.				
Employer's state ID number 26-5XXXXXXXX	16. State wages, tips, etc. \$1,500.00	17. State income tax \$.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality nan			
	r Identification number (EIN) XXXXXX s name, address, city state an D OF ELECTIONS ICTORY LANE NAPOLIS, IN 46204 umber e's name (first, initial, last), add B BRAGG OMERSBY WAY CITY, YS ZIP Employee's state ID number	XXXXXX s name, address, city state and ZIP Code D OF ELECTIONS ICTORY LANE NAPOLIS, IN 46204 umber e's name (first, initial, last), address, city, state and ZIP code B BRAGG OMERSBY WAY CITY, YS ZIP Employee's state ID number 16. State wages, tips, etc.	332-XX-XXXX 1 Wages, tips 1 Wages, tips XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	332-XX-XXXX 1 Wages, tips, other compensation \$1,500.00 \$ name, address, city state and ZIP Code D OF ELECTIONS ICTORY LANE NAPOLIS, IN 46204 IN Medicare wages and tips \$ Marite and ZIP code IN Medicare wages and tips \$ Marite and ZIP code IN Nonqualified plans IS state initial, last), address, city, state and ZIP code B BRAGG OMERSBY WAY CITY, YS ZIP In Medicare wages, tips, etc. IP Novee's state ID number IS State wages, tips, etc. IP State wages, tips, etc.	332-XX-XXXX I Uages, tips, other compensation \$1,500.00 2. Federal income ta \$1,500.00 s name, address, city state and ZIP Code 3 Social security wages \$1,500.00 4. Social security tax \$1,500.00 D OF ELECTIONS ICTORY LANE NAPOLIS, IN 46204 3 Maticane wages and tips \$1,500.00 6. Medicane tax with \$1,500.00 vmber 9 10. Dependant care e's name (first, initial, last), address, city, state and ZIP code 11. Nongualified plans 12a. See instructions B BRAGG OMERSBY WAY CITY, YS ZIP 11. Nongualified plans 12a. See instructions 14. Other 12c. 12b. 15. Statutory Retirement Third-party Blan 12b. 14. Other 12c. 12c. Employee's state ID number 16. State wages, tips, etc. 17. State income tax 18. Local wages, tips, etc. 19. Local income tax			

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.

PAYER'S name, address, city, state, ZIP code DERBY FEDERAL CREDIT UNION 431 INVESTMENT ROW LOUISVILLE, KY 40202		Payer's RTN (optional)	2015	Interest Income
		1 Interest income \$238.00	Form 1099-INT	
		2 Early withdrawal penalty \$23.80		Copy B For Recipient
PAYER'S Federal identification number 28-7XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	3 Interest on US Savings Bonds	and Treas, obligations	This is important tax information and is
RECIPIENT'S name, address, city, state KEVIN R KERRY	e, and ZIP code	4 Federal income tax withheld	5 Investment expenses	being furnished to the Interna Revenue Service, If you are
8705 SOMERSBY WAY YOUR CITY, YS ZIP		6 Foreign Tax Paid	7 Foreign Country or US p	ossession required to file a return, a negligence penalty or other
		8 Tax exempt interest \$78.32	9 Specified private activity interest	bond sanction may be imposed on you if this income is taxable and the IRS
		10 Market Discount	11 Bond Premium	determines that is has not been reported.
Account number (see instructions)		12 Tax-exempt bond CUSIP no	13 State 14 State Iden	tification no. 15 State tax withheld

			(if checked)	CTED	CORRE				
Original Issue	IB No. 1545-0117		al issue discount for 568.31	1 Origin 2015*	, country, ZIP	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MAJOR SECURITIES			
Discoun	2015		periodic interest	2 Other			25 WELLSLEY ST OUR CITY, YS ZIP		
	m 1099-OID	For		\$			OUR CITT, 15 ZIP		
	ederal income tax withheld	4 Fe	withdrawal penalty	3 Early		and the state			
Сору В	50.05	\$		\$	tion number	RECIPIENT'S identifica	YER'S federal identification number		
For Recipien	cquisition premium	6 Ac	et discount	5 Marke		331-XX-xxxx	12-3XXXXXX		
		s		\$			CIPIENT'S name		
This is important ta: information and is being furnished ta the Internal Revenue Service. If you are			iption	7 Descr			Kevin R. Kerry eet address (including apt. no.) 8705 Somersby Way		
required to file a return, a negligence penalty or othe sanction may be imposed on you	easury obligations* 432.69	J.S. Tre	al issue discount on U.	8 Origin \$			City or town, state or province, country, and ZIP or foreign postal code Your City, State and ZIP Code		
imposed on you i this income is taxable and the IRS determines that i has not been	is may not be the correct re to report on your income return. See instructions on back.	figur tax n	ment expenses	9 Invest	FATCA filing requirement				
reported	12 State tax withheld \$ 17.05	X	11 State identification 12-3XXXXXX	10 State YS			count number (see instructions)		
	\$	(n) (n) (n)	A CONTRACTOR OF A CARACTER						

Line 9—Dividends

		D (if checked)		
PAYER'S name, address, city, state, ZI BIG OIL CORP	P code	1 Total Ordinary Dividends \$16.85	2015	Dividends and Distributions
587 GUSHER AVENUE YOUR CITY, YS ZIP		1b Qualified Dividends \$16.85	Form 1099-DIV	
		2aTotal capital gain distr.	2b Unrecap, Sec, 1250 gain	
PAYER'S Federal identification number 01-5XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	Copy B For Recipient
RECIPIENT'S name, address, city, stat	e, ZIP code	3 Nondividend distributions	4 Federal income tax withhele	9
KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP			5 Investment expenses	This is important tax information and is being furnished to the Internal Revenue
		6 Foreign Tax Paid	7 Foreign Country or US pose	
		8 Cash liquidation distributions	9 Noncash liquidation distribut	sanction may be
		10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	imposed on you if this income is taxable and the IRS determines that is has
Account number (see instructions)		13 State 14 State Identifica	ation no. 15 State tax withhek	
Form 1099-DIV		G:\TY2015\Immersio	on in process\Kerry\1099D	

Line 13—Capital Gain or Loss

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. RICH FINANCIAL BROKERAGE FIRM 893 EPPS PARKWAY INDIANAPOLIS, IN 46249			Applicable check box on Form	8949 OMB No. 1545-0715 20 15 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
			1a Description of property 100 SHS PURDUE		
			1b Date acquired 07/01/2001	1c Date sold or disposed 03/10/2015	1
PAYER'S federal ide		RECIPIENT'S identification number	1d Proceeds \$ 8,859.00	1e Cost or other basis \$ 10,123.00	
26-1XXXXXX 211-XX-XXXX		211-XX-XXXX	1f Code, if any	1g Adjustments \$	
RECIPIENT'S name KEVIN R KERRY			2 Type of gain or loss: Short-term Long-term X	3 If checked, basis reported to IRS	
Street address (inclu 8705 SOME	uding apt. no.) ERSBY WAY		4 Federal income tax withheld \$	5 If checked, noncovered security	
2		d ZIP or foreign postal code	6 Reported to IRS: Gross proceeds X Net proceeds	7 If checked, loss is not allowed based on amount in 1d	
YOUR CITY, YS ZIP Account number (see instructions)			Profit or (loss) realized in 2015 on closed contracts \$	9 Unrealized profit or (loss) on open contracts – 12/31/2014	
CUSIP number			10 Unrealized profit or (loss) on open contracts-12/31/2015	11 Aggregate profit or (loss) on contracts	
14 State name	15 State identifica	tion no 16 State tax withheld \$	\$ 12	\$ 13 Bartering	
		\$		\$	

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 Hom	e 2014
Na	me: 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 showm on Schedule D, Line 7 as a positive amount		0
6	Gain, if any, shown on Scheduke D, Line 15		
7	Add lines 4 and 6		3,000
8	Short-term capital loss carrover. 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 Scheduke D, line 7	0	
11	Subtract line 5 from line 4. If -0- ir 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, en	iter -0-	450

PORTFOLIO INVESTMEN	TS LLC
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897 S Reed Lane Cincinnati, OH 45202 513-555-XXXX Federal ID Number: 25-8XXXXXX

2015 Form 1099 January 31, 2016

Date Prepared:

Recipient's Name and Address

Taxpayer ID Number: 331-XX-XXXX Kevin R. Kerry

Copy B for Recipient

8705 Somersby Way, Your City, State and ZIP Code

Account	Number:	111-5555

Por Daga		s - 2015						-	099 - DI\
Box Desc.	ription							Tot	tal
	ordinary divid							\$	108.32
(Inclu	des amount s	hown in box	1b)						
1b Qualit	ied dividends								108.32
2a Total	Capital Gain [Distributions							6.87
(Inclu	des amount s	hown in box	es 2b, 2c and	d 2d)					
	ap Sec 1250	Gain							
	on 1202 Gain								
2d Collec	tibles (28%)	Gain							
3 Nondi	vidend Distrik	outions							0.00
4 Feder	al Income Tax	x Withheld							0.00
5 Invest	ment expens	es							45.00
6 Foreig	gn Tax Paid								4.29
8 Cash	Liquidation D	istributions							0.00
9 Nonca	ash Liquidatio	n Distributio	ns						0.00
FATC	A filing requir	ment							NC
Interest Income -	2015							Form	1099 - IN
Box Desc.	ription							Tot	tal
1 Intere	st Income							\$	79.00
3 Intere	st on U. S. Sa	avings Bonds	s and Treasu	ry Obligations				\$	693.00
4 Feder	al Income Tax	k Withheld						\$	118.00
5 Invest	Investment expenses								
6 Foreig	n Tax Paid								
0 Tay F	xempt Interes							\$	191.23
								Ψ	191.20
9 Speci	fic Private Act		iterest					Ψ	0.00
9 Speci			iterest					Ŷ	
9 Speci FATC	fic Private Act A filing requir	ment		- 2015					0.00 NO
9 Speci FATC Proceeds from B Long-term transaction	fic Private Act A filing requir roker and I s for which ba	ment BarterTrar asis <u>is not rep</u>	nsactions o	RS					0.00 NO
9 Speci FATC Proceeds from Bi	fic Private Act A filing requir roker and I s for which ba	ment BarterTrar asis <u>is not rep</u>	nsactions o	RS					0.00
9 Speci FATC Proceeds from B	fic Private Act A filing requir roker and I s for which ba	ment BarterTrar asis <u>is not rep</u>	nsactions horted to the light	RS	le Cost or	1f Code.	lg	Form	0.00 NO 1 1099 - B
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w	fic Private Act A filing requir roker and I s for which ba	ment BarterTrar asis <u>is not rep</u> ked and/or Sc	nsactions orted to the I chedule D, Par 1c Date	I RS t II	1e Cost or other Basis	1f Code, if any	1g Adjustments		0.00 NO 1099 - B 4-Federal
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w Ia - Description	fic Private Act A filing requir roker and f s for which ba ith Box E chec Quantity	ment BarterTrar isis <u>is not rep</u> ked and/or Sc 1b Date Acquired	nsactions outed to the l shedule D, Par 1c Date Sold or Disosed	RS t II 1d - Net Proceeds	other Basis		-	Gain / Loss (-)	0.00 NO 1099 - B 4-Federal Income Ta
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w la - Description Rust Corporation	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100	ment BarterTrar isis <u>is not rep</u> ked and/or Sc 1b Date Acquired 11/1/98	nsactions orted to the I chedule D, Par 1c Date Sold or Disosed 5/25/15	IRS t II 1d - Net Proceeds \$1,700.00	other Basis \$3,200.00		-	Form Gain / Loss (-) \$-1,500.00	0.00 NO 1099 - B 4-Federal Income Ta Withheld
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w La - Description Rust Corporation Rio Motors Inc	fic Private Act A filing requir roker and f s for which ba ith Box E chec Quantity	ment BarterTrar sis is not rep ked and/or Sc 1b Date Acquired 11/1/98 7/15/08	nsactions outed to the l shedule D, Par 1c Date Sold or Disosed	IRS t II 1d - Net Proceeds \$1,700.00 \$10,648.00	other Basis \$3,200.00 \$9,543.00		-	Gain / Loss (-) \$-1,500.00 \$1,105.00	0.00 NO 1099 - B 4-Federal Income Ta Withheld \$0.00
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w La - Description Rust Corporation Rio Motors Inc Midget Corporation	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100 150	ment BarterTrar isis <u>is not rep</u> ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07	Insactions corted to the I chedule D, Par 1c Date Sold or Disosed 5/25/15 6/28/15	IRS t II 1d - Net Proceeds \$1,700.00 \$10,648.00 \$2,122.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50		-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50	0.00 NO 1099 - E 4-Federal Income Ta Withheld \$0.00 \$0.00
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w La - Description Rust Corporation Rio Motors Inc Midget Corporation Doors & Floors Org	fic Private Act A filing requir roker and f s for which ba ith Box E chec Quantity 100 150 15 55	ment BarterTrar asis is not rep ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07 10/1/09	Is actions borted to the I chedule D, Par 1c Date Sold or Disosed 5/25/15 6/28/15 12/2/15 11/25/15	IRS t II <u>1d - Net</u> <u>Proceeds</u> \$1,700.00 \$10,648.00 \$2,122.00 \$5,600.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50 \$5,550.00		-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50 \$50.00	0.00 NO 1099 - E 4-Federal Income Ta Withheld \$0.00 \$0.00 \$0.00 \$0.00
9 Speci FATC Proceeds from Bit Long-term transaction Report on form 8949 w a - Description Rust Corporation Rio Motors Inc Midget Corporation Doors & Floors Org Cours-Mine-Ours Corp	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100 150 15	ment BarterTrar isis <u>is not rep</u> ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07	Insactions ported to the I chedule D, Par 1c Date Sold or Disosed 5/25/15 6/28/15 12/2/15	Id Net Proceeds \$1,700.00 \$10,648.00 \$2,122.00 \$5,600.00 \$3,000.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50		-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50	0.00 NO 1099 - B 4-Federal Income Ta Withheld \$0.00 \$0.00 \$0.00
9 Speci	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100 150 15 55 75	ment BarterTrar asis is not rep ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07 10/1/09 9/1/07	Isactions corted to the I The Date Sold or Disosed 5/25/15 6/28/15 12/2/15 11/25/15 10/20/15	IRS 1d - Net Proceeds \$1,700.00 \$10,648.00 \$2,122.00 \$5,600.00 \$3,000.00 \$1,400.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50 \$5,550.00 \$3,750.00		-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50 \$50.00 \$-750.00	0.00 NO 1099 - B 4-Federal Income Ta Withheld \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w Ia - Description Rust Corporation Rio Motors Inc Midget Corporation Doors & Floors Org Yours-Mine-Ours Corp Bagels R Us Corp Totals	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100 150 15 55 75 63	ment BarterTrar asis <u>is not rep</u> ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07 10/1/09 9/1/07 8/1/02	Isactions orted to the I bedule D, Par 1c Date Sold or Disosed 5/25/15 6/28/15 12/2/15 11/25/15 10/20/15 1/3/15	Id Net Proceeds \$1,700.00 \$10,648.00 \$2,122.00 \$5,600.00 \$3,000.00 \$1,400.00 \$24,470.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50 \$5,550.00 \$3,750.00 \$1,575.00	if any	-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50 \$50.00 \$-750.00	0.00 NO 1099 - E 4-Federal Income Ta Withheld \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
9 Speci FATC Proceeds from Bi Long-term transaction Report on form 8949 w Ia - Description Rust Corporation Rio Motors Inc Midget Corporation Doors & Floors Org Yours-Mine-Ours Corp Bagels R Us Corp	fic Private Act A filing requir roker and I s for which ba ith Box E chec Quantity 100 150 15 55 75 63	ment BarterTrar asis <u>is not rep</u> ked and/or Sc 1b Date Acquired 11/1/98 7/15/08 2/28/07 10/1/09 9/1/07 8/1/02	Isactions orted to the I bedule D, Par 1c Date Sold or Disosed 5/25/15 6/28/15 12/2/15 11/25/15 10/20/15 1/3/15	Id Net Proceeds \$1,700.00 \$10,648.00 \$2,122.00 \$5,600.00 \$3,000.00 \$1,400.00 \$24,470.00	other Basis \$3,200.00 \$9,543.00 \$1,230.50 \$5,550.00 \$3,750.00 \$1,575.00	if any	-	Gain / Loss (-) \$-1,500.00 \$1,105.00 \$891.50 \$50.00 \$-750.00	0.00 NO 1099 - E 4-Federa Income Ta Withheld \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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 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

	m 1099-DIV 2015 Dividends and Distributions B for Recipient (OMB NO. 1545-0110)	
Box		<u>Amoun</u>
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	NC

Copy E	3 for Recipient (OMB NO. 1545-0112)	
Box		<u>Amount</u>
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	
**The	se amounts are not reported to the IRS.	
		Page 1 of 4

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

,			<u>Amount</u>
Endoral Incon			0.00
	ne Tax Withheld		0.00
Substitute Pa	vments in Lieu of Div	idends or Interest	0.00
6 State Tax Wit	-		0.00
7 State Identific	ation No		
8 State Income			0.00
FATCA filing	requirement		
Summary of 20	15 Original Issue	Discount	
ox			<u>Amount</u>
Original Issue	Discount		0.00
Other Periodi	c Interest		0.00
Federal Inco	me Tax Withheld		0.00
Market Disco	unt		0.00
Acquisition Pr	remium		0.00
Original Issue	Discount on U.S. Tre	easury Obligations	0.00
	15 Proceeds From	m Broker and Barter Exchange Transactions	
ox			<u>Amount</u>
d Proceeds			52,464.43
e Cost or Other			8,618.33
	me Tax Withheld		0.00
Adjustments.	Wash Sales		226.80
Aujustinents	Market Discount		0.00
Adjustments -	bbold		0.00
Adjustments -			0.00
Adjustments - S State Tax Wit	Contracts:		
Adjustments - State Tax Wit Egulated Futures C Federal Inco	<u>Contracts:</u> me Tax Withheld		0.00
Adjustments - State Tax Wit Egulated Futures C Federal Inco Profit or (Loss	Contracts: me Tax Withheld s) Realized in 2015 or	n Closed Contracts	0.00 0.00
Adjustments - State Tax Wit egulated Futures C Federal Inco Profit or (Loss Unrealized Pr	Contracts: me Tax Withheld s) Realized in 2015 or rofit of (Loss) on Oper	n Closed Contracts	0.00 0.00 0.00
Adjustments - State Tax Wit egulated Futures C Federal Inco Profit or (Loss Unrealized Pr Unrealized Pr	Contracts: me Tax Withheld s) Realized in 2015 or ofit of (Loss) on Oper ofit of (Loss) on Oper	n Closed Contracts n Contracts - 12/31/2014 n Contracts - 12/31/2015	0.00 0.00 0.00 0.00
Adjustments - 6 State Tax Wit egulated Futures C Federal Inco Profit or (Loss Unrealized Pr 0 Unrealized Pr	Contracts: me Tax Withheld s) Realized in 2015 or rofit of (Loss) on Oper	n Closed Contracts n Contracts - 12/31/2014 n Contracts - 12/31/2015	0.00 0.00 0.00
Adjustments - 6 State Tax Wit eegulated Futures C Federal Inco Profit or (Loss Unrealized Pr 0 Unrealized Pr 1 Aggregate Pr Gross Proceeds from	Contracts: me Tax Withheld s) Realized in 2015 or rofit of (Loss) on Oper rofit of (Loss) on Oper ofit of (Loss) on Contr	n Closed Contracts n Contracts - 12/31/2014 n Contracts - 12/31/2015 racts sactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement	0.00 0.00 0.00 0.00 0.00

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-XXXXXX

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)

(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 Ta Withheld
Magic I	nvestor Cla	ss 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			
				622.47	534.58	•	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			
				4,654.51	4,985.20		226.80	-103.89			
Red Ba	lloon Invest	or Class Fund	ł								
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			
				2,177.00	1,598.10		0.00	578.90			
TOTAL	S			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

Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f 1g Code, if Adjustments	Gain or Loss (-)	4 Federal Income Tax Withheld	14 State 15 State ID Number	16 State Tax Withheld
Magic I	nvestor Cla	ss 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			
				1,787.06	1,500.45	0.00	286.61			
TOTAL	5			1,787.06	1,500.45		286.61			

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

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 Ad	1g ljustments	Gain or Loss (-)	4 Federal Income Tax Withheld	14 State 15 State ID Number	16 State Tax Withheld
Magic I	nvestor Cla	ss 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 C	orporation										
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.

Department of the Treasury Internal Revenue Service For Calendar year 2015, or tex year beginning, 2015 ending, 2015 1 Ordinary business income (loss) Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructiors. 2 Net rental real estate income (loss) Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructiors. 3 Other net rental income (loss) Part I Information About the Partnership 3 Other net rental income (loss) A Partnership's employer identification number 04-1XXXXXX 4 Guaranteed payments B Partnership's name, address, city, state, and ZIP code 5 Interest income HIGH FLYING INVESTMENTS \$237.65 6a Ordinary dividends YOUR CITY, YS ZIP \$425.42 6b Qualified dividends C IRS Center where partnership filed return 7 Royalties OGDEN, UT \$26.00 \$325.55 Partner's idenfifying number \$31-XX-XXXX \$a \$a S Partner's idenfifying number \$325.55 \$a 331-XX-XXXX \$a \$a \$4444.22	Amended K-1
Internal Revenue Service Internal real action of tax year 2013, of tax year beginning20 Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructions. Part1 Information About the Partnership 3 Other net rental income (loss) A Partnership's employer identification number 4 Guaranteed payments B Partnership's name, address, city, state, and ZIP code 5 Interest income HIGH FLYING INVESTMENTS 5 Interest income 875 WALL ROAD 5 Interest income YOUR CITY, YS ZIP 6b Qualified dividends C IRS Center where partnership filed return 7 Royalties OGDEN, UT \$26.00 Partner's idenfifying number \$31-XX-XXXX F Partner's name, address, city, state, and ZIP code 8 Net short-term capital gain (loss) \$31-XX-XXXX 9a Net long-term capital gain (loss)	Current Year Income, , and Other Income
Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructions. Part1 Information About the Partnership 3 Other net rental income (loss) A Partnership's employer identification number 4 Guaranteed payments 04-1XXXXXX 4 Guaranteed payments B Partnership's name, address, city, state, and ZIP code 5 Interest income HIGH FLYING INVESTMENTS \$ a Ordinary dividends 875 WALL ROAD 6a Ordinary dividends YOUR CITY, YS ZIP \$ 425.42 6b Qualified dividends \$ 334.50 7 Royalties \$ 26.00 Partner's idenfifying number \$ 325.55 331-XX-XXXX 9a Net long-term capital gain (loss) F Partner's name, address, city, state, and ZIP code \$ 4444.22	15 Credits
Part I Information About the Partnership A Partnership's employer identification number 04-1XXXXXX 4 B Partnership's name, address, city, state, and ZIP code HIGH FLYING INVESTMENTS \$ Interest income \$ 75 WALL ROAD \$ a Ordinary dividends YOUR CITY, YS ZIP \$ down and the partner C IRS Center where partnership filed return OGDEN, UT \$ a Ordinary dividends Partner's idenfifying number \$ 334.50 7 Royalties \$ 331-XX-XXXX \$ Net short-term capital gain (loss) F Partner's name, address, city, state, and ZIP code VENED MARKED MARK \$ 4444.22	
04-1XXXXX 4 Guaranteed payments B Partnership's name, address, city, state, and ZIP code 5 Interest income HIGH FLYING INVESTMENTS \$237.65 875 WALL ROAD \$a Ordinary dividends YOUR CITY, YS ZIP \$425.42 6b Qualified dividends \$334.50 7 Royalties \$26.00 Partner's idenfifying number \$325.55 331-XX-XXXX 9a Net long-term capital gain (loss) F Partner's name, address, city, state, and ZIP code \$4444.22	16 Foreign transactions
HIGH FLYING INVESTMENTS \$ 237.65 875 WALL ROAD \$ 237.65 YOUR CITY, YS ZIP \$ 425.42 6b Qualified dividends \$ 334.50 C IRS Center where partnership filed return \$ 7 Royalties OGDEN, UT 7 Royalties PartIII Information About the Partner 8 Net short-term capital gain (loss) E Partner's idenfifying number \$ 325.55 331-XX-XXXX 9a Net long-term capital gain (loss) F Partner's name, address, city, state, and ZIP code \$ 4444.22	-
C IRS Center where partnership filed return	-
E Partner's idenfifying number 8 Net short-term capital gain (loss) 331-XX-XXXX 9a Net long-term capital gain (loss) F Partner's name, address, city, state, and ZIP code 9a VEN (INLID) VEN (INLID) 4444.22	_
F Partner's name, address, city, state, and ZIP code 9a Net long-term capital gain (loss) KEN (TNL D. KEDD) \$444.22	-
KEVIN R KERRY	17 Alternative minimum tax (AMT) items
8705 SOMERSBY WAY	-
YOUR CITY, YS ZIP 9c Unrecaptured section 1250 gain]

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.

PAYER'S name, address, city, state, ZI		1 Unemplo	yment compensation	204	5	Certain	
IN DEPARTMENT OF REV 5101 MAIN STREET INDIANAPOLIS, IN 46204			local income tax credits or offsets \$208.00	2015 Form 1099-G		Government Payments	
PAYER'S Federal identification number 28-9XXXXXX	RECIPIENT'S identification number 331-XX-XXXX	, Box 2 am	ount is for tax year	4 Federal incon	ne tax withheld	Copy B For Recipient	
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY		5 RTAA pa	ayments	6 Taxable grant	5	This is important tax information and is being furnished to the	
8705 SOMERSBY WAY YOUR CITY, YS ZIP		7 Agricultu	re payments	8 If checked, b trade or busin income >		Internal Revenue Service. If you are required to file a return, a negligence	
		9 Market g	ain			penalty or other sanction may be	
Account number (see instructions)		10, State	10b State identificati	5 10 23	ncome tax withheld	imposed on you if this income is taxable and the IRS	
		100000				determines that is has not been reported.	

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.

	FED (if checked)		
ode NTFR	1 Rents	2015	Miscellaneous Income
H .	2 Royalties	Form 1099-MISC	
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
CIPIENT'S identification number 332-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	For Recipien
26-0XXXXXX 332-XX-XXXX RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY		8 Substitute payments in lieu of dividends or interest	This is important tax information and is beirg furnished to the Internal Revenue
	9 Payer made direct sales \$5,000 or more of consumer products to a buyer (recipient) for resale >	10 Crop Insurance proceeds	Service. If you ar required to file return, a negligend penalty or othe
		12	sanction may be imposed on you if this income is taxable and the IRS
	13 Excess golden parachute poyments	14 Gross proceeds paid to an attorney	determines that is has rot been reported.
ib Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
1	de NTER CIPIENT'S identification number 332-XX-XXXX ZIP code	Ore 2 Royables 2 Royables 3 Other Income 3 Other Income 3 Other Income 332-XX-XXXX 5 Fishing boat proceeds 332-XX-XXXX 7 Nonemployee Compensation 2 IP code 9 Payer made direct sales \$5,50,00 or more of consumer products to a buyer (recipient) for resale > 11 11 11 Excess golden parachute payments	de NTER 1 Rents 2015 2 Royalties Form 1099-MISC 3 Other Income 4 Federal income tax withheld CIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments 332-XX-XXXX 7 Nonemployee Compensation 8 Substitute payments in lieu of dividends or interest ZIP code 9 Payer made direct sales \$\$5,000 or more of consumer products to a buyer (recipient) for resale > 10 Crop Insurance proceeds 11 12 11 12 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney. 4 Gross proceeds paid to an attorney.

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.

Distributions From Pensions, Annuities Retirement o		201	1 Gross distribution \$626.00			PAYER'S name, address, city, state, ZI PEOPLES TRUST COMPA
Profit-Sharing Plans, IRAs Insurance		Form 109		2a Taxable amount		P.O. BOX 254 INDIANAPOLIS, IN 4620
Contracts, etc	1	Total Distribution		2b Taxable amount not determined		
Copy E Report this income on your	×	4 Federal income tax withheld	ded	3 Capital gain (inclu in box 2a).	RECIPIENT'S identification number 331-XX-XXXX	PAYER'S Federal identification number 26-2XXXXXXX
federal tax return. If this form shows federal income tax withheld in box 4, attach	6 Net unrealized appreciation in employer's securities		5 Employee contributions /Designated Roth contributions or insurance premiums		RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY	
this copy to your return This informatior	%	8 Other	IRA' SEP/ SIMPLE	7.Distribution Code(s) 1		YOUR CITY, YS ZIP
is being furnished to the Internal Revenue Service	9b Total Employee Contributions		9a Your percentage of total distribution %			
14. State Distribution		13, State/Payer's sta YS/26-2XXX	eld	12. State tax withh	1. 1st year of desig, Roth contrib,	10. Amount allocable to IRR : within 5 years
17. Local Distribution		16. Name of Locality	eld	15. Local tax withhe		Account number (see instructions)

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.

Distributions From Pensions, Annuities, Retirement or	2015 Form 1099-R		1 Gross distribution \$8,649.00		IP code	PAYER'S name, address, city, state, Z YALE SECURITY IRA
Profit-Sharing			nt	2a Taxable amour	4	P.O. BOX 2537 INDIANAPOLIS, IN 4620
Contracts, etc	Total Distribution	1		2b Taxable amoun not determine		
Copy I Report this income on you	4 Federal income tax withheld		cluded	3 Capital gain (inc in box 2a).	RECIPIENT'S identification number 211-XX-XXXX	PAYER'S Federal identification number 26-3XXXXXXX
federal tax return. If this form shows federal income tax withheld in box 4, attact	6 Net unrealized appreciation in employer's securities	/Designated Roth appreciation in		RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY		
this copy to your return This information	8 Other %	- 11	IRA SEP SIMPL	7.Distribution Code(s) G		YOUR CITY, YS ZIP
is being furnished to the Interna Revenue Service	9b Total Employee Contributions	%		9a Your percentag distribution		
14. State Distribution	13. State/Payer's state no. YS/26-3XXXXXX		hheid	12. State tax with	11. 1st year of desig. Roth contrib.	10. Amount allocable to IRR within 5 years
17, Local Distribution	16. Name of Locality	1	held	15. Local tax with		Account number (see instructions)

Line 16—Pensions and Annuities

P. O. BOX 45 BOYERS, PA 16017-0045				Pensions Retiremer Sharing Pla Insurance Con
PAYER's Federal Identification	Recipient's ID No. (Annuitant) 331-XX-XXXX	Account number (Retirement Claim No.) CSA 541207692	1. Gross distribut	ion 51,295.00
 Employee Contributions/ Designed ROTH Contributions or Insurance Premiums 	TO -> 8705 SC	R KERRY DMERSBY WAY CITY, YS ZIP	2a. Taxable amou \$ 4. Federal Incom	51,200.00
7. Distribution Code(s) 7-NONDISABILITY		State	a 1 10. State Income	\$.00 Tax Withheld
9b. Total Employer Contributions				\$.00
\$1,567.00	16	State	2 11. State Income	ax withheid

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.

PAYER'S name, address, city, state, ALPINE PENSION FUNE		1 Gross distribution \$12,743,00		20.	15	Distributions From Pensions, Annuities, Retirement or
7568 PEACHTREE STRE INDIANAPOLIS, IN 462	ET	2a Taxable amou	1.0.000000	2015 Form 1099-R		Profit-Sharing Plans, IRAs. Insurance
		2b Taxable amou not determin		Total Distribution]	Contracts, etc.
PAYER'S Federal identification numbe 26-4XXXXXXX	r RECIPIENT'S identification number 331-XX-XXXX	3 Capital gain (in in box 2a).	cluded	4 Federal income t withheld \$6	ax 37.15	Copy B Report this income on your
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		federal tax return. If this form shows federal income tax withheld in box 4, attach
YOUR CITY, YS ZIP		7.Distribution Code(s) 7	IRA/ SEP/ SIMPLE	8 Other		this copy to your return. This information
			9a Your percentage of total distribution 9b Total Employee Contributions % \$5,870.00		370.00	is being furnished to the Internal Revenue Service
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib,	12. State tax with	nheld	13. State/Payer's st YS 26-4XXX		14. State Distribution
Account number (see instructions)		15. Local tax with	held	16. Name of Localit	V	17. Local Distribution

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

LI CORREC	TED (if checked)		
e, ZIP code	1 Rents	2015	Miscellaneous Income
	2 Royalties \$57.85	Form 1099-MISC	
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
nber RECIPIENT'S identification number 332-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	For Recipient
RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue
		10 Crop Insurance proceeds	Service. If you ar required to file return, a negligenc penalty or othe sanction may b imposed on you this income
		12	
	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	taxable and the IRS determines that is has not been reported.
15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
J	ne, ZIP code	te. ZIP code I Rents IE CIPIENT'S identification number RECIPIENT'S identification number 332-XX-XXXX Ty, state, ZIP code AY P Payer made direct sales 5,000 or more of consumer products to a buyer (recipient) for resale > 11 13 Excess golden parachute payments	te. ZIP code 1 Rents 2015 JE 2 Royalties \$57.85 Form 1099-MISC 3 Other Income 4 Federal income tax withheld mber RECIPIENT'S identification number 5 Fishing boat proceeds 6 332-XX-XXXX 5 Fishing boat proceeds 6 Medical and health care payments ty, state. ZIP code 7 Nonemployee Compensation 8 Substitute payments in lieu of dividends or interest AY 9 Payer made direct sales sis.50.00 or more of consumer products to a buyer (recipient) for resale > 10 Crop Insurance proceeds 11 12 11 12

Line 20—Social Security Benefit

	R SOCIAL SECURITY BENE RSE FOR MORE INFORMA		VN IN BOX 5 MAY BE TAXABLE INCOME.
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 \$.00	SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4) \$13,682.00
DESCRIPTION OF AMO	UNT 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	\$.00		
Total Additions	\$12,724.00	Box 6. Vo	luntary Federal Income Tax Withheld
Benefits fo [.] 2015	\$13,682.00		\$958.00
Benefits fo ⁻ 2014 Benefits fo ⁻ 2013		8705 S	dress R KERRY OMERSBY WAY CITY, YS ZIP
Benefits for 2012		Box 8. Cla	im Number (use ths number if you need to contact SSA) 331-XX-XXXXA

Line 21—Other Income

PAYER'S name, address, city, state, and ZIP code GET RICH LOTTERY BOARD	1. Gross winnings \$1,200.00	2. Date won 06/28/2015	2015	
578 DOLLAR BLVD INDIANAPOLIS, IN 46204	3. Type of wager LOTTERY	4. Federal income tax withheld	Form W2-G	
	5. Transaction	6. Race	Certain	
PAYER'S Federal identification number Payer's Telephone number	7, Winnings from identical wagers	8. Cashier	Gambling Winnings	
26-7XXXXXX 888-341-XXXX	9. Winner's taxpayer identification no. 332-XX-XXXX	10. Window	This information is being furnished	
WINNER'S name, address, city, state, and ZIP MARY B BRAGG	11. First I.D.	12, Second I.D.	to the Interna Revenue Service	
8705 SOMERSBY WAY YOUR CITY, YS ZIP	13. State Payer's identification no. YS 26-7XXXXXX	14. State Winnings \$1,200.00	Copy Report this incom	
	15. State income tax withheld \$120.00	16. Local Winnings	on your federal tax return. If this form shows federa income	
	17. Local income tax withheld	18. Name of locality	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 correctly identify me as the recipient of this payment and any payment fr				
Signature >	Date >			

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.

		D (if checked)		
PAYER'S name, address, city,r stat WF CARF INSURANCF 234 WELLNESS ROAD		1 Gross Long-Term care benefits paid \$13,800.0	2015	Long-Term Care and Accelerated Death Benefits
YOUR CITY, YS ZIP		2 Accelerated Death benefit paid	5 Form 1099-LTC	
		1	INSURED's taxpayer identification	no. Copy B For Policyholder
PAYER'S Federal identification 28-5XXXXXXX	POLICYHOLDER'S identification number 332-XX-XXXX	2 Per Reimbursed Diem Amount	332-XX-XXXX	This is important tax
POLICYHOLDER'S manne, address, MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		INSURED'S name, street address, city or town, prevince or state, ZIP or foreign postal code and telephone no. MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		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
Account number (see instructions)	4. Qualified contract (optinal)	5. (optional) Chronic X Termina		not been reported.

Kevin served on a jury and received \$150 for his ten days of service in additon 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 mileage103 miles per month (1,236 miles total)Prescription drugsInsulin (no prescription)Prescription eyeglassesTithes to churchCash contributions to: National Public Radio, American Cancer	\$965 \$189 \$210 \$1,730
Society, Shriners Children's Hospital Contributions to Millsap Elementary School 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)	\$225 \$250 \$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 26-8XXXXX.

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.

		(if checked)		
PAYER'S/TRUSTEE's name, address, city,r state, and TRUSTY BANK 965 MAIN ST YOUR CITY, YS ZIP	ZIP code	1 Gross Distribution \$500. 2 Earnings	00 20 15 Form 1099-Q	Payments From Qualified Education Programs (Under Sections 529 and 530)
		3 Basis	4 Trustee-to-Trustee Transfer	Сору В
PAYER'S/TRUSTEE'S Federal identification no RECIE	PIENT'S social security numb 333-XX-XXXX	er 5 Check one: * Qualified Tuition Program Private X or State * CloverESA	6 If this box is checked recipient is not the designated beneficiary	This is important tax information and is being furnished to the Internal Revenue
RECIPIENT'S name, address, city, state, and ZIP coo YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	le		EMV) is shown below, see P n for how to figure earnings.	Service. If you are required to file a retur, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that is has
Account number (see instructions)				
FILER'S name, address, city, state, and ZIP code		Payments received for	00.45	
	SITY SUITE 500		20 15 Form 1098-T	Tuition Statement
FILER'S name, address, city, state, and ZIP code NORTHERN KENTUCKY UNIVER NUNN DRIVE FOUNDERS HALL S HIGHLAND HEIGHTS, KY 41076 FILER'S Federal identification number STUDENT'S	SITY SUITE 500	Payments received for qualified tuition and related expenses \$5,750.00 Amounts billed for qualified tuition and	Form 1098-T	
FILER'S name, address, city, state, and ZIP code NORTHERN KENTUCKY UNIVER NUNN DRIVE FOUNDERS HALL S HIGHLAND HEIGHTS, KY 41076 FILER'S Federal identification number STUDENT'S	SITY SUITE 500 social security number XX-XXXX	Payments received for qualified tuition and related expenses \$5,750.00 Amounts billed for qualified tuition and related expenses 3 If this box is checked, your e	Form 1098-T	Statement Copy B For Student This is important tax information and is being
FILER'S name, address, city, state, and ZIP code NORTHERN KENTUCKY UNIVER NUNN DRIVE FOUNDERS HALL S HIGHLAND HEIGHTS, KY 41076 FILER'S Federal identification number 26-9XXXXXX 333- STUDENT'S name, address, city, state, and ZIP code YVONNE KERRY	SITY SUITE 500 social security number XX-XXXX	Payments received for qualified tuition and related expenses \$5,750.00 Amounts billed for qualified tuition and related expenses 3 If this box is checked, your e has changed its reporting met 4 Adjustments made for a	Form 1098-T	Copy B For Student This is important tax information and is being furnished to the

				· · · · · · · · · · · · · · · · · · ·	
PAYER'S name, address, city, state, ZI		1 Unemployment compensation \$200.00		2015	Certain
NDIANA EMPLOYMENT COMMISSION 26 SOUTH MAIN ST NDIANAPOLIS, IN 46204			local income tax credits or offsets	Form 1099-G	Government Payments
PAYER'S Federal identification number 26-5XXXXXX	RECIPIENT'S identification number 333-XX-XXXX	. Box 2 am	ount is for tax year	4 Federal income tax withhe	d Copy B For Recipient
RECIPIENT'S name, address, city, state, ZIP code YVONNE KERRY		5 RTAA payments		6 Taxable grants	This is important tax information and is being furnished to the
8705 SOMERSBY WAY YOUR CITY, YS ZIP		7 Agricultu	re payments	8 If checked, box 2 is trade or business income >	Interna Revenue Service. If you are required to file a return, a negligence
		9 Market gain			penalty or other sanction may be
Account number (see instructions)		10. State YS	10b State identificati	on no 11 State income tax wit	imposed on you if this income is taxable and the IRS determines that is has not been reported.

		TED (if checked)		
LENDER'S name, address, city, sta WELENDU CARDS 892 DEBTORS LANE YOUR CITY, YS ZIP	te, and ZIP code	1 Date of Identifiable Event 01/15/2015 2 Amount of debt discharged \$625.00 3 Interest if included in Box 2	20 15 Form 1099-C	Cancellation of Debt
LENDER'S Federal identification 11-4XXXXXX BORROWER'S name, address, , sta YVONNE KERRY 8705 SOMERSBY WAY		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
YOUR CITY, YS ZIP		5 If checked, the borrower was per of this debt	required to file a return, a negligence penalty or other sanction may be imposed on you if	
Account number (see instructions)		6 Identifiable Event Code	7 Fair market value of pro	this income is
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. 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.

5-A Heal	th Insurance N	1arket	place	Stateme	ent OMB No. 1545-2	232
e Treasury > Info	ormation about Form 1095-A a		-		201	5
pient Information						
tifier XXXX	2 Marketplace-assigned policy numb A4389995	er				
ERRY					Recipient's date of birth 07/28/1943	
s's name RAGG				· · · · · · · · · · · · · · · · · · ·	Recipient's spouse's date of b 01/15/1953	oirth
2015	11 Policy Termination Date 12/31/2015		1			
Intry and ZIP code TY, YS ZIP						
rage Household						
A Covered Individual Name	B Covered Individual SSN	C. Date of I	Birth	D. Start Date	E. Termination Da	ite
KERRY	333-XX-XXXX	03/13	/1993	03/01/2015	12/31/20:	15
HOMAS	334-XX-XXXX	05/08	8/2011	03/01/2015	12/31/20:	15
ehold Information					1.1.1.1.1.1.1.	
	B Monthly Premium Amount of Second	Lowest Cost Silve	er Plan (SLCSP) C. Monthly Advance	e Payment of Premium Tax	Dredit
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	Service is a service is a sient Information tifier XXXX ERRY Same RAGG 2015 Intry and ZIP code TY, YS ZIP rage Household A Covered Individual Name KERRY	Service is at www.irs.gov/from1095a. vient Information 2 Marketplace-assigned policy numbers vient Information 2 Marketplace-assigned policy numbers xXXX A4389995 XXXXX A4389995 XXXXX A4389995 XXXXX A4389995 XXXX A4389999	Service is at www.irs.gov/from1095a. Dient Information 2 Marketplace-assigned policy number XXXX A4389995 XXXX A4389995 ERRY A4389995 ERRY 11 Policy Termination Date 2015 12/31/2015 Intry and ZIP code 12/31/2015 TY, YS ZIP Tage Household A Covered Individual Name B Covered Individual SSN C. Date of KERRY 333-XX-XXXX 03/13	Service is at www.irs.gov/from1095a. Dient Information 2 Marketplace-assigned policy number 3 Policy issue XXXX A4389995 HEALT XXXX A4389995 HEALT XXXX A4389995 Stecipient's XXXX A4389995 Stecipient's XXX A4389995 Stecipient's XXX A4389995 Stecipient's Sterne 8 Recipient's 331- Sterne 8 Recipient's 332- 11 Policy Termination Date 12 Street Add 2015 12/31/2015 8705 Street Add 2015 12/31/2015 8705 Street Add Y YS ZIP Street Individual SSN C. Date of Birth XERRY 333-XX-XXXX 03/13/1993	Service is at www.irs.gov/from1095a. CORRE Went Information 2 Marketplace-assigned policy number 3 Policy issuer's name XXXX A4389995 HEALTHY CO S Recipient's SSN 6 331-XX-XXXX 5 Recipient's SSN 6 Strame 8 Recipient's spouse's SSN 9 RAGG 332-XX-XXXX 11 Policy Termination Date 12 Street Address (including apartment 2015 12/31/2015 8705 SOMERSBY WA' Intry and ZIP code FY, YS ZIP rage Household A Covered Individual Name B Covered Individual SSN C. Date of Birth D. Start Date KERRY 333-XX-XXXX 03/13/1993 03/01/2015	Service is at www.irs.gov/from1095a. Contraction vient Information 3 Policy issue's name tifier 2 Marketplace-assigned policy number 3 Policy issue's name XXXX A4389995 HEALTHY CO Second LERRY 5 Recipient's SSN 6 Recipient's date of birth 2 KERRY 331-XX-XXXX 07/28/1943 3's name 8 Recipient's spouse's SSN 9 Recipient's spouse's date of birth 2015 11 Policy Termination Date 12 Street Address (including apartment number) 2015 12/31/2015 8705 SOMERSBY WAY intry and ZIP code FY, YS ZIP Frage Household A Covered Individual Name B Covered Individual SSN C. Date of Birth D. Start Date E. Termination Date A Covered Individual Name B Covered Individual SSN C. Date of Birth D. Start Date E. Termination Date

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 Your Bank Bank City, State, ZIP Code For : 325070760 : 987123654 1234	\$ DOLLARS

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)

- 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.
 - a. Does Johnny have full-year coverage so that he can check the box on his 1040 line 61?
 - b. 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.
 - a. Who is responsible for Charlie's health insurance coverage?
 - b. 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 it 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.
 - a. Is there an exemption that covers Bobby for the months before his employer coverage started?
 - b. 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).
 - a. May Vicki claim the two children as dependents?
 - b. Who is responsible under ACA for health coverage for the children?
 - c. 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?
 - d. 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.
 - a. Must Alex accept his employer's plan?
 - b. 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.
 - a. Is Sergio an applicable taxpayer for ACA purposes?
 - b. 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.
 - a. Is Estelle entitled to a premium tax credit?
 - b. 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.
 - a. 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?
 - b. 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.
 - a. Since Kathy's income is higher, is she responsible for Mike's health coverage?
 - b. If Kathy's employer offers her family coverage that could cover Mike, is Kathy responsible for Mike's coverage?
 - c. 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?
 - d. 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.
 - a. 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?
 - b. Is the policy that Scott bought through the exchange a shared policy subject to the allocation rules?
 - c. Generally, who should take the three attributes (bronze plan cost, SLCSP 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.
 - a. Is the one-time lottery income part of Jack and Jill's MAGI for Form 8962 purposes?
 - b. 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?
 - c. Would Jack and Jill be eligible for the alternative calculation for the year of marriage?
 - d. 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.
 - a. Is the joint policy a Shared Policy subject to allocation?
 - b. In reconciling their APTC, how many forms 8962 will Jerry and Jessie include in their joint tax return?
 - c. Assuming the policy change was effective timely, do Jerry and Jessie have to make a special calculation of the SLSCP 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 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 employeroffered 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

- 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?
 - a. 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?
 - b. 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.
 - a. What is her filing status for TY2015?
 - b. What is her filing status for TY2016?
 - c. 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.
 - a. What is Betty's filing status for 2015?
 - b. What is Tom's filing status for 2015?
 - c. 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.
 - a. Can Dan and Elizabeth claim him as a dependent?
 - b. 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.
 - a. Can Max claim the Child and Dependent Care Credit as well?
 - b. Can Max claim the Child Tax Credit?
 - c. 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.
 - a. If it's okay with Tom and Shelley, can Sylvia file as Head of Household (HoH)?
 - b. 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.
 - a. What is Les' filing status?
 - b. Can Les claim Laurilou as a dependent?
 - c. Can Les claim Lynn?
 - d. Should you mark Laurilou as a qualifying child for EIC on Les' return?
 - e. Should you mark Laurilou for Child Tax Credit on Les' return?
 - f. Should you mark Laurilou for Child Tax Credit on Lynn's return?
 - g. 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.
 - a. Can Tom and Sarah claim the children as dependents?
 - b. For Child Tax Credit?
 - c. For EIC?
 - d. 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.
 - a. Can Marissa claim Sunny as a dependent?
 - b. 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?
 - a. Juliet can claim all three children as she has the higher AGI.
 - b. Andrea can claim all of the children as she is the parent.
 - c. They can reach an agreement between themselves as to who will claim each child.

		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
- 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
- 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?
- 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
- 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
- The difference between the discounted price for savings bonds and the face value received at maturity is ______.

QUIZ: DIVIDENDS

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 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
- 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
- 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
- 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.

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:
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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?
- 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
- If the 1099-R shows a code "G" in Box 7 it represents a rollover and the entire distribution is not taxable.
 True/ False
- 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?
- 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?
- 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?
- 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?
- 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?

QUIZ: EARNED INCOME CREDIT

- 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?
- 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?

Notes