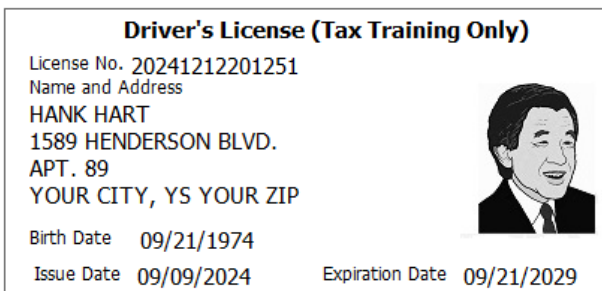



## Exercise 8: Hank Hart

### Interview Notes:

- Hank Hart has been divorced since November 15, 2021.
- Hank's only income is from his job as a machinist.
- Hank pays \$600 per month in alimony to his ex-wife, Georgia Hart. Georgia's social security number is 436-00-7442. Hank wants to know if he can deduct these payments on his taxes.
- Hank's two children, Helena and Henry live with Hank, who provides more than half the cost of keeping up the home.
- Helena is working towards a Master's degree in Sports Management. In addition to her tuition, she purchased books from an online store at a cost of \$1,250, and she paid \$75 for a parking pass.
- Henry is in his second year of college to pursue a degree in computer science. After struggling with an old compute\$3,400 for a meal plan. Henry received a scholarship, and the terms stipulate that the funds must be used for tuition.
- Hank, Helena, and Henry are all U.S. citizens with valid Social Security Numbers.
- The family's health insurance is provided through Hank's job.



HANK HART FRANCISCO FERNANDEZ 1589 HENDERSON BLVD. APT. 89 YOUR CITY, YS YOUR ZIP		<b>1234</b>
PAY TO THE ORDER OF _____		\$ _____  DOLLARS
CITIZENS CREDIT UNION		
For _____		
<b>262248493      146878660      1234</b>		

		a. Employee's social security number <b>426-00-5427</b>		Save. accurate, FAST! Use OMB No. 1545-0008				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b. Employer identification number (EIN) <b>33-6008660</b>				1. Wages, tips, other compensation <b>\$63,825.00</b>		2. Federal income tax withheld <b>\$3,368.66</b>			
c. Employer's name, address, and ZIP code  <b>DENTON STEEL          2137 METAL AVENUE          YOUR CITY, YS YOUR ZIP</b>				3. Social security wages <b>\$67,000.00</b>		4. Social security tax withheld <b>\$4,154.00</b>			
				5. Medicare wages and tips <b>\$67,000.00</b>		6. Medicare tax withheld <b>\$971.50</b>			
				7. Social security tips		8. Allocated tips			
d. Control number				9.		10. Dependant care benefits			
e. Employee's first name and initial      Last name      Suff. Employee's address and ZIP code  <b>HANK HART          1589 HENDERSON BLVD.          APT. 89          YOUR CITY, YS YOUR ZIP</b>				11. Nonqualified plans		12a. See instructions for box 12 <b>D      \$3,125.00</b>			
				13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b. <b>DD      \$11,254.97</b>			
				14. Other		12c.			
				_____		12d.			
				_____		_____			
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
YS	0009481072	\$63,825.00	2,709.84						
<b>Form W-2 Wage and Tax Statement      20XX</b>									
<b>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</b> This information is being furnished to the Internal Revenue Service.									

<input type="checkbox"/> CORRECTED (if checked)				
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number  <b>CITY UNIVERSITY</b> <b>100 UNIVERSITY BLVD.</b> <b>YOUR CITY, YS YOUR ZIP</b> <b>(992) 555-0195</b>		1 Payments received for qualified tuition and related expenses <div style="text-align: right; font-weight: bold;">\$19,100.00</div>	OMB No. 1545-1574  <div style="font-size: 2em; font-weight: bold;">20XX</div> Form <b>1098-T</b>	<b>Tuition Statement</b>
FILER'S employer identification no. <b>24-8986483</b> STUDENT'S TIN <b>435-00-3624</b>		2		
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code  <b>HELENA HART</b> <b>1589 HENDERSON BLVD.</b> <b>APT. 89</b> <b>YOUR CITY, YS YOUR ZIP</b>		4 Adjustments made for a prior year	5 Scholarships or grants	<b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund	
Form <b>1098-T</b> (keep for your records) <a href="http://www.irs.gov/Form1098T">www.irs.gov/Form1098T</a> Department of the Treasury - Internal Revenue Service				

<input type="checkbox"/> CORRECTED (if checked)				
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number  <b>COUNTY COLLEGE</b> <b>8000 COLLEGE AVENUE</b> <b>YOUR CITY, YS YOUR ZIP</b>		1 Payments received for qualified tuition and related expenses <div style="text-align: right; font-weight: bold;">\$12,540.00</div>	OMB No. 1545-1574  <div style="font-size: 2em; font-weight: bold;">20XX</div> Form <b>1098-T</b>	<b>Tuition Statement</b>
FILER'S employer identification no. <b>26-8006892</b> STUDENT'S TIN <b>436-00-7942</b>		2		
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code  <b>HENRY HART</b> <b>1589 HENDERSON BLVD.</b> <b>APT. 89</b> <b>YOUR CITY, YS YOUR ZIP</b>		4 Adjustments made for a prior year	5 Scholarships or grants  <div style="text-align: right; font-weight: bold;">\$10,500.00</div>	<b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund	
Form <b>1098-T</b> (keep for your records) <a href="http://www.irs.gov/Form1098T">www.irs.gov/Form1098T</a> Department of the Treasury - Internal Revenue Service				