

MS-Word Workbook Exercises TY26

for Instructor Use

The NTTC is providing the 15 Workbook exercises in Word format. The purpose is to reduce the workload for our training leadership who want to customize the NTTC Workbook exercises with their state issues.

- This file is intended to be edited using MS-Word. Using Google Docs may work, but will likely result in formatting changes or other issues.
- When distributing customized exercises to your volunteers, please give them your contact information for questions (they should not use Submit a Request on the Volunteer Portal)
- The print Workbook will be available approximately November timeframe. We do not have control of the actual publishing and shipping schedules.
- Please do not print copies of these exercises for your volunteers, as this is costly. Every counselor and prospective counselor will receive a printed copy.
- These exercises will **not** be updated by the NTTC if there are changes to the NTTC Workbook.
- Exercises are intended for your customization and are not expected to match the NTTC Workbook answers.
- Forms were created in various ways
 - FormsGen
 - Note that FormsGen does not include the latest forms changes, eg tips on W-2, etc
 - IRS draft forms: irs.gov/draft-tax-forms
 - Worksheets were customized for new tax law issues
- AGI amounts have been removed
- Headers, footers, and page numbers have been removed.
- Links have been removed.

Table of Contents

HIGHLIGHTS - TY26 TAX CHANGES	4
FEDERAL TY26 INFLATION UPDATES	4
OBBBA TY26 UPDATES	5
REPORTING THRESHOLDS	6
FORMS	6
CORE EXERCISES	7
ALLMAN	7
BOGDAN	9
CHICORY (A)	14
<i>Errata</i>	14
DAUPHINE (A)	18
EGRET (A)	21
<i>Comment - NTTC 4012 TY25, P D-29, Enter amt on a 1099-k form and select continue, then cancel schedule C if all payments have been accounted for.</i>	24
FITZGERALD (A)	26
<i>Errata:</i>	26
<i>Comment – PSO Medical can include Medicare and supplemental health insurance up to \$3000.</i>	32
PROFICIENCY EXERCISES	33
GERARD	33
<i>Comment -W-2, Box 12d--Total amount of qualified overtime compensation. Use this amount in determining the deduction for qualified overtime compensation NTTC 4012, D-11.</i>	34
HENDRICKS	37
ISENBERG (A)	42
JANISCH (A)	50
<i>Errata:</i>	50
MARSHALL (A)	55
CLASSROOM EXERCISES	61
ANDREWS – SINGLE SENIOR TAXPAYER	61
BAKER – SINGLE WORKING PARENT	66
CALDWELL – MARRIED WORKING TAXPAYERS	74
<i>Errata:</i>	74
DAVENPORT – MARRIED RETIRED CIVIL SERVANT	82
<i>Errata:</i>	82
SCOPE EXERCISES	92
SCENARIO 1	92
SCENARIO 2	92
SCENARIOS 3, 4 & 5 (FORM K-1)	93
SCENARIO 4	94
SCENARIO 5	95
SCENARIO 6	96
SCENARIO 7	96
SCENARIO 8	97
SCENARIO 9	98
SCENARIO 10	98
SCENARIO 11	99
SCENARIO 12	99
SCENARIO 13	100

SCENARIO 14.....	100
SCENARIO 15.....	101
SCENARIO 16.....	101
SCENARIO 17.....	102
SCENARIO 18.....	102
SCENARIO 19.....	103
CONSOLIDATED BROKERAGE STATEMENTS.....	104
CONSOLIDATED BROKERAGE STATEMENTS MATRIX.....	106
BROKERAGE STATEMENT EXAMPLES.....	107
BROKERAGE ADVANCED EXERCISES.....	110
<i>EXAMPLE 1</i>	110
<i>EXAMPLE 2</i>	111
<i>EXAMPLE 3</i>	112
<i>EXAMPLE 4</i>	113
<i>EXAMPLE 5</i>	114
<i>EXAMPLE 6</i>	115
<i>EXAMPLE 7 Trust Registration</i>	116
<i>EXAMPLE 8 UTMA/ UGMA Registration</i>	117
<i>Example 9</i>	118
<i>Example 10</i>	119
<i>EXAMPLE 11 State implications</i>	120
<i>EXAMPLE 12 State implications</i>	122
COMPREHENSIVE EVANS/BRYANT (A).....	124
APPENDIX.....	149
EXERCISE ISSUES MATRIX FOR CORE AND PROFICIENCY EXERCISES.....	149
ERRATA.....	150
8/3/2026.....	150

Highlights - TY26 Tax Changes

Federal TY26 Inflation Updates

Federal Standard Deduction

S or MFS: \$16,100 MFJ or QSS: \$32,200 HoH: \$24,150

Additional for Age (65+) or Blindness

Married/QSS: \$1,650 S/HOH: \$2,050 for each

Dependent

\$1,350 or earned income plus \$250 not to exceed standard deduction

Gross income limit for qualifying relative \$5,300

HSA Adjustments

HSA individual contribution limit \$4,300. Family limit \$8,550. For 55+ add \$1,000. Individual plus family contributions cannot exceed the family limit.

Income

Social Security annual wage base \$184,500

IRA Contribution

IRA maximum contribution \$7,500 plus \$1,100 for 50 and older.

Expenses

Standard mileage rates:

January 1, 2026-June 30, 2026: \$0.725 business; \$0.205 medical; \$0.14 charitable

July 1, 2026-December 31, 2026: \$0.760 business; \$0.235 medical; \$0.14 charitable

Tax Credits

Earned Income Tax Credit: Maximum investment income \$12,200.

OBBBA TY26 Updates

Charitable Contributions

Charitable contributions deductible for itemizers to the extent they exceed 0.5% of AGI

Charitable contributions limited to 60% of AGI. Carryover of amount in excess of 60% OOS.

Charitable cash contribution deduction for non-itemizers \$1,000 (\$2,000 MFJ) below AGI line - Schedule 1-A

Educator Expenses

Educator expense deduction up to \$350 (\$700 MFJ) adjustment above the AGI line - Schedule 1

Itemized educator expense deduction for expenses exceeding \$350 (\$700)

Sports administrators and coaches added to core group of K-12 teachers, instructors, counselors, principals, and classroom aides

Deductible items include traditional classroom materials and anything used in an "instructional activity" including sports gear used by coaches

Still requires 900 hours minimum at state-certified elementary or secondary school

Gambling Losses

Maximum itemized gambling loss deduction is smaller of 90% of loss or total gambling winnings

Private Mortgage Insurance (PMI) Premiums

Itemized deduction reinstated

Treated as deductible mortgage interest

Allowed deduction amount phases out from \$100,000 AGI to \$109,000 AGI

Education Credits

AOC/LLC education credits require valid TP/SP/dependent SSNs

Child and Dependent Care Tax Credit (CDCTC)

Still non-refundable credit

Structured as two-tiered sliding phase-out scale

Maximum eligible expenses \$3,000 for one qualifying person and \$6,000 for two or more

Tier 1 credit rate 50% up to \$15,000 decreasing to 35% at \$43,000; remains at 35% up to \$75,000

Tier 1 works the same for single/HoH and MFJ

Tier 2 MFJ credit rate 35% up to \$150,000 decreasing to 20% floor at \$206,000

Tier 2 single/HoH credit rate slides from 35% at \$75,000 to 20% at \$150,000

CAUTION: Every dollar excluded from tax via a workplace Flexible Spending Account (FSA) reduces the eligible expense cap for the CDCTC dollar-for-dollar

Reporting Thresholds

Forms 1099-NEC and 1099-MISC reporting threshold \$2,000

Adjusted for inflation in \$100 increments beginning 2027

FORMS

1099-NEC - box 1b Cash tips, box 1c TTOC - Treasury tipped occupation code

-box 1d Overtime compensation - total amount of qualified overtime compensation included in 1a - amount above regular rate ("the half" e.g.)

1099-MISC- box 13a - Cash tips, box 13b - TTOC

box 14 - Overtime compensation - total amount of qualified overtime included in box 3 - amount above regular rate ("the half" e.g.)

1099-R - box 7c - Trump account

1099-K - box 1c - Cash tips, box 1d TTOC

Schedule 1-A - Charitable cash donation for non-itemizers

Schedule 3-A - Federal Public Benefit - Additional eligibility check for taxpayers claiming certain refundable credits (EIC, ACTC, AOC). To qualify, must be US citizen, US national, or qualified alien.

Core Exercises

Allman

Paul Allman is a typical single senior taxpayer. Paul retired from his job as town manager in Wakefield and receives a pension. He also receives Social Security and an IRA distribution.

Paul Allman: SSN:112-00-xxxx BDATE: 5/6/1950 ADDRESS: 18 PALOMO DRIVE
PH: 622-467-4145

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
20XX ☐ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ☐ SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name PAUL ALLMAN		Box 2. Beneficiary's Social Security Number 112-00-XXXX
Box 3. Benefits Paid in 20XX \$13,954.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$13,954.00
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$10,297.00		
Medicare Part B premiums deducted from your benefits \$2,435.00		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$245.00		
Total Additions \$3,657.00		
Benefits for 20XX \$13,954.00		Box 6. Voluntary Federal Income Tax Withheld \$977.00
Benefits for 20XX-1		Box 7. Address PAUL ALLMAN 18 PALOMO DRIVE YC, YS YZIP
Benefits for 20XX-2		
Benefits for 20XX-3		Box 8. Claim Number (use this number if you need to contact SSA) 112-00-XXXXA

Form SSA-1099-SM

☐ CORRECTED (if checked)											
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. IRA UNITED FINANCIAL AS CUSTODIAN 242 MOTT ST YC, YS YZIP			1 Gross distribution <div style="text-align: right;">\$7,767.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
			2a Taxable amount <div style="text-align: right;">\$7,767.00</div>								
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code PAUL ALLMAN 18 PALOMO DRIVE YC, YS YZIP			2b Taxable amount not determined. ☒		Total Distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS				
			3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right;">\$777.00</div>						
			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities						
			7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE ☒						
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions						
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld <div style="text-align: right;">\$200.00</div>	15 State/Payer's state no. YS 11322XXXX		16 State distribution <div style="text-align: right;">\$7,767.00</div>					
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution		
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service											

☐ CORRECTED (if checked)											
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. TOWN OF WAKEFIELD 889 E 256TH ST WAKEFIELD, MA 01880			1 Gross distribution <div style="text-align: right;">\$23,448.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
			2a Taxable amount <div style="text-align: right;">\$23,448.00</div>								
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code PAUL ALLMAN 18 PALOMO DRIVE YC, YS YZIP			2b Taxable amount not determined. ☐		Total Distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS				
			3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right;">\$3,585.00</div>						
			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities						
			7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE ☐						
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions						
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld <div style="text-align: right;">\$1,257.00</div>	15 State/Payer's state no. YS 34602XXX		16 State distribution <div style="text-align: right;">\$23,448.00</div>					
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution		
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service											

Bogdan

This exercise focuses on a widower with children and illustrates how various credits and adjustments (Earned Income, Educator Expenses, Child Tax Credit/other dependent) impact the tax return. The exercise also explores Ivan's filing status after his wife's death. You can use the Qualifying Child or Relative Resource Tool to determine who is a dependent and Ivan's filing status.

Ivan is an elementary school gym teacher. He has family health coverage and a pension plan through work. Ivan paid all the costs of maintaining the home, groceries, and house necessities. Alexi did not attend school this past year and has a W-2 with \$8,650 earnings that he spent on his car and personal items.

- ** Ivan spent \$345 on athletic supplies for classes. He has receipts and received no reimbursements. He worked 1,500 hours during the school year.
- ** Ivan donated \$415 of Christina's clothes to Goodwill and \$150 to the American Cancer Society

Ivan: SSN: 242-00-XXXX

Christina: SSN: 285-00-XXXX

Died: 06/28/2024

Emilio: SSN: 287-00-XXXX

Alexi: SSN: 202-00-XXXX

**** Tax law changes in TY26**

IVAN BOGDAN
14 FULLERTON AVENUE
YC, YS YZIP

0213
15-0000/0000

PAY TO THE
ORDER OF

\$

DOLLARS

ANYPLACE BANK
Anyplace, YS 00000

For

⑆065400137⑆ 09999 186 283⑈ 0213

VOID

Form 13614-C (October 2025)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet										OMB Number 1545-1964			
You will need: <ul style="list-style-type: none">• Tax Information such as Forms W-2, 1099, 1098, 1095.• 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										<ul style="list-style-type: none">• Complete pages 1-5 of this form.• You are responsible for the information on your return. Provide complete and accurate information.• If you have questions, ask the IRS-certified volunteer preparer.				
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov														
Your first name IVAN		M.I.	Last name BOGDAN			Your date of birth 10/04/1982		Your job title TEACHER						
Spouse's first name		M.I.	Last name			Spouse's date of birth		Spouse's job title						
Mailing address 14 FULLERTON AVENUE				Apt #	City YC			State YS		ZIP code YZIP				
Your telephone number 573-265-1402		Spouse's telephone number		Email address (optional) IVANB@EMAIL.XXX			Did you live or work in two or more states in 2025 ☐ Yes ☒ No							
Can anyone else claim you or your spouse on their tax return										☐ Yes ☒ No				
Check if you or your spouse were in 2025:														
A U.S. citizen		☒ You	☐ Spouse	☐ No	Legally blind		☐ You	☐ Spouse	☒ No					
In the U.S. on a visa		☐ You	☐ Spouse	☒ No	Totally and permanently disabled		☐ You	☐ Spouse	☒ No					
A full-time student		☐ You	☐ Spouse	☒ No	Issued an identity protection PIN (IPPIN)		☐ You	☐ Spouse	☒ No					
					Owners or holders of any digital assets		☐ You	☐ Spouse	☒ No					
If due a refund, how would you like your refund					If you have a balance due, how would you like to make your payment									
☒ Direct deposit		☐ Check by mail			☒ Bank account		☐ IRS.gov Direct Pay							
☐ Split refund between accounts		☐ Other _____			☐ Set up installment agreement		☐ Mail payment to IRS							
Would you like to receive written communications from the IRS in a language other than English										☐ You ☐ Spouse ☒ No				
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund										☐ You ☐ Spouse ☒ No				
As of December 31, 2025, what was your marital status														
☐ Never Married		☐ Married		If married, were you married on the last day of the year				☐ Yes ☐ No						
				Did you and your spouse live apart all of the last 6 months of the year				☐ Yes ☐ No						
☐ Divorced		☐ Legally Separated but not Divorced						☒ Widowed						
Date of final decree _____		Date of separate maintenance decree _____						Year of spouse's death 2024						
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
EMILIO BOGDAN	06/18/2010	SON	12	S	Y	Y	Y	N	N					
ALEXI BOGDAN	08/15/2003	SON	12	S	Y	Y	N	N	N					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.			
Received money from any of the following in 2025:	(To be completed by certified volunteer)	Income to be included	Notes/Comments
☒ (B) Wages as a part-time or full-time employee How many jobs <u>2</u>	☐ (B) W-2s	# _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	# _____	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported)	# _____	
	☐ (A) Qualified Charitable Distribution From 1099-R	\$ _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2	# _____	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099	# _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G	# _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund	\$ _____	
	☐ (B) Itemized last year	☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____	☐ (B) 1099-DIV # _____	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement)	# _____	
	☐ Capital loss carryover	☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony	\$ _____	
	Excluded from income	☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)		
☐ Income from renting personal property such as a vehicle	☐ Rental expense	\$ _____	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	# _____	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C		
	☐ 1099-MISC	# _____	
	☐ 1099-NEC	# _____	
	☐ 1099-K	# _____	
	☐ Other income reported elsewhere	# _____	
	☐ Schedule C expenses	\$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)		

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025? ☐ (A) Mortgage Interest ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, dental, prescription expenses ☒ (A) Charitable contributions	(To be completed by certified volunteer) Standard or Itemized Deductions ☐ (A) 1098 # _____ ☐ (B) Standard deduction ☐ (A) Itemized deduction	Notes/Comments
Paid any of these expenses in 2025? ☐ (B) Student loan interest ☐ (B) Child and dependent care ☒ (B/A) Contributions to a retirement account ☒ (B) School supplies by a teacher, teacher's aide or other educator ☐ (B) Alimony payments (do not include child support)	(To be completed by certified volunteer) Expenses to report ☐ (B) 1098-E ☐ (B) Child and dependent care credit ☐ (B/A) IRA (Basic if a Roth IRA or 401K) ☐ (B) Educator expenses deduction \$ _____ ☐ (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income ☐ Yes ☐ No	Notes/Comments
Did any of the following happen during 2025? ☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.) ☐ (A) Sell a home ☐ (A) Have a health savings account (HSA) ☐ (A) Purchase health insurance through the Marketplace (Exchange) ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) ☐ (A) Other (example: purchased a new vehicle, etc.) ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender ☐ (A) Have a loss related to a declared Federal disaster area ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) ☐ Receive any letter or bill from the IRS ☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes ☐ Brought last year's return	(To be completed by certified volunteer) Information to report ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction ☐ (A) Sale of home (1099-S) ☐ (A) HSA contributions ☐ (A) HSA distributions ☐ (A) 1095-A ☐ (A) Energy efficient home improvement credit (Form 5695, Part II only) ☐ VIN # _____ ☐ (A) 1099-C ☐ (A) 1099-A Disaster relief impacts return ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason ☐ Eligible for Low Income Taxpayer Clinic referral ☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ Last year's return available _____	Notes/Comments

a. Employee's social security number 242-00-XXXX		Save. accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
		OMB No. 1545-0008				
b. Employer identification number (EIN) 12-056XXXX		1. Wages, tips, other compensation \$41,000.00		2. Federal income tax withheld \$2,515.00		
c. Employer's name, address, and ZIP code WASHINGTON COUNTY SCHOOL DISTRICT 17 E 12TH AVE YC, YS YZIP		3. Social security wages \$42,200.00		4. Social security tax withheld \$2,616.40		
		5. Medicare wages and tips \$42,200.00		6. Medicare tax withheld \$611.90		
		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 IVAN BOGDAN 14 FULLERTON AVE YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 E \$1,200.00		
		13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☒ ☐		12b. DD \$9,500.00		
		14. Other		12c. C \$125.00		
		-----		12d.		
		-----		-----		
15. State YS	Employer's state ID number 12056XXXX	16. State wages, tips, etc. \$41,000.00	17. State income tax 900.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Form W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div> <div style="font-size: 2em; font-weight: bold;">20XX</div> </div>						

a. Employee's social security number 242-00-XXXX		Save. accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
		OMB No. 1545-0008				
b. Employer identification number (EIN) 93-64XXXXX		1. Wages, tips, other compensation \$8,350.00		2. Federal income tax withheld \$160.00		
c. Employer's name, address, and ZIP code WALKER CONSTRUCTION 1800 FOREST WAY YC, YS YZIP		3. Social security wages \$8,350.00		4. Social security tax withheld \$517.70		
		5. Medicare wages and tips \$8,350.00		6. Medicare tax withheld \$121.08		
		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 IVAN BOGDAN 14 FULLERTON AVE YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 AA \$850.00		
		13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☒ ☐		12b.		
		14. Other		12c.		
		-----		12d.		
		-----		-----		
15. State YS	Employer's state ID number 9364XXXX	16. State wages, tips, etc. \$8,350.00	17. State income tax 8.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Form W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div> <div style="font-size: 2em; font-weight: bold;">20XX</div> </div>						

Chicory (A)

Errata

8/3/2026. Chicory. Remove Theodore from the 1095-A. This 1095-A would make the taxpayer out of scope, since there is someone on the 1095-A marketplace health insurance who is not being claimed on the tax return, which makes it a shared policy. It does not change the answer.

The Chicory Form 1095-A has been corrected as of 9/1/26

Angel Chicory is a single parent taxpayer. This exercise explores the best filing status for Angel, Earned Income Credit, and how to handle Marketplace insurance Form 1095-A. We need to determine if Angel qualifies for the Retirement Savings Contributions Credit¹ for a workplace 401(k) contribution, since she also received a retirement distribution and it may offset the contribution.

- Angel is married, but her husband moved out soon after Theodore was born. Theodore's father claims him **and provides health insurance for him**. Angel claims Esperanza.
- Angel inherited a small IRA from her mother that she cashed out and closed.
- ** Angel pays for day care for her children while she works.
- (A) Angel's qualified overtime as calculated by her employer is in Box 14 on her W-2
- (A) Her employer does not provide health insurance, so she purchased Marketplace insurance and received a Premium Tax Credit.

Angel SSN: 325-00-xxxx BDATE: 5/18/1995

Esperanza SSN: 396-00-xxxx Theodore SSN: 398-00-xxxx

Address: 1418 CLYBOURN, APT 302 PH: 915-628-7672

** *Tax law changes in TY26*

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN
ESPERANZA CAMEL	05/08/17	DAUGHTER	12	S	Y	Y	Y	N	N
THEODORE CHICORY	08/06/24	SON	12	S	Y	Y	N	N	N

Catalog Number 52121F

www.irs.gov

¹ Review the NTTC 4012 Chart: Certain Distributions Reduce Eligible Contributions. Locate this chart and other relevant information by searching on Retirement Savings Contributions Credit in the NTTC 4012 (Ctrl F brings up a search box).

To be completed by certified volunteer (Yes, No, or N/A)				
Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

a. Employee's social security number 325-00-XXXX		Save, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
OMB No. 1545-0008					
b. Employer identification number (EIN) 88-346XXXX		1. Wages, tips, other compensation \$47,500.00		2. Federal income tax withheld \$2,200.00	
c. Employer's name, address, and ZIP code JOHNSON HEATING AND COOLING 2350 WEST ADKINS ST YC, YS, YZIP		3. Social security wages \$48,000.00		4. Social security tax withheld \$2,976.00	
		5. Medicare wages and tips \$48,000.00		6. Medicare tax withheld \$696.00	
		7. Social security tips		8. Allocated tips	
d. Control number		9.		10. Dependant care benefits	
e. Employee's first name and initial Employee's address and ZIP code ANGEL CHICORY 1418 CLYBOURN APT 302 YC, YS, YZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$500.00	
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sick pay ☐		12b.	
		14. Other OB3 OT 2,650.00		12c.	
				12d.	
15. State YS	Employer's state ID number 88346XXXX	16. State wages, tips, etc. \$47,500.00	17. State income tax 1,685.00	18. Local wages, tips, etc.	19. Local income tax
				20. Locality name	
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.					

Box 14²

² Qualified overtime may be in W-2 Box 14, or there is a new Box 12 code TT for qualified overtime.

☐ CORRECTED (if checked)											
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. HASTINGS INVESTMENTS 45 ROCKHURST WAY PROVIDENCE RI 02904			1 Gross distribution \$958.00		OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
			2a Taxable amount \$958.00								
			2b Taxable amount not determined. ☒		Total Distribution ☒		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS				
PAYER'S TIN 50-811XXXX		RECIPIENT'S TIN 325-00-XXXX		3 Capital gain (included in box 2a).		4 Federal income tax withheld \$96.00					
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ANGEL CHICORY BENEF DOLORES CAMEL 1418 CLYBOURN, APT 302 YS, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities						
			7 Distribution Code(s) 4		IRA/ SEP/ SIMPLE ☒			8 Other %			
			9a Your percentage of total distribution %		9b Total Employee Contributions						
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$45.00		15 State/Payer's state no. YS 50811XXXX		16 State distribution \$958.00	
Account number (see instructions) GA-38788366			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution		
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service											

BRIGHT HORIZONS CHILDCARE				EIN 87-158XXXX	
17 E 12TH ST					
YC, YS YZIP					
DESCRIPTION:		CHILD ESPERANZA CAMEL		\$750	
		CHILD THEODORE CHICORY		\$3,350	
CHARGED TO:		ANGEL CHICORY 1418 CLYBOURN APT 302			
DATES:		JAN 1 - DEC 31 20XX			

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Do not attach to your tax return. Keep for your records. > Go to www.irs.gov/Form1095A for instructions and the latest information.	OMB No. 1545-2232 <div style="font-size: 2em; font-weight: bold; text-align: center;">20XX</div>		
<div style="text-align: right;"> ☐ VOID ☐ CORRECTED </div>				
Part I Recipient Information				
1 Marketplace Identifier 20-07XXXXX	2 Marketplace-assigned policy number 45987	3 Policy issuer's name BLUE CROSS		
4 Recipient's name ANGEL CHICORY	5 Recipient's SSN 325-00-XXXX	6 Recipient's date of birth 05/18/1995		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 01/01/20XX	11 Policy termination date 12/31/20XX	12 Street address (including apartment number) 1418 CLYBOURN SPT 302		
13 City or town, State or province, Country and ZIP or foreign postal code				
Part II Covered Individuals				
A Covered individual name	B Covered individual SSN	C. Date of birth	D. Coverage start date	E. Coverage termination date
16 ANGEL CHICORY	325-00-XXXX	05/18/1995	01/01/20XX	12/31/20XX
17 ESPERANZA CAMEL	396-00-XXXX	05/08/2017	01/01/20XX	12/31/20XX
18				
19				
20				
Part III Coverage Information				
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January	\$295.67	\$367.67	\$250.00	
22 February	\$295.67	\$367.67	\$250.00	
23 March	\$295.67	\$367.67	\$250.00	
24 April	\$295.67	\$367.67	\$250.00	
25 May	\$295.67	\$367.67	\$250.00	
26 June	\$295.67	\$367.67	\$250.00	
27 July	\$295.67	\$367.67	\$250.00	
28 August	\$295.67	\$367.67	\$250.00	
29 September	\$295.67	\$367.67	\$250.00	
30 October	\$295.67	\$367.67	\$250.00	
31 November	\$295.67	\$367.67	\$250.00	
32 December	\$295.67	\$367.67	\$250.00	
33 Annual Totals	\$3,548.04	\$4,412.04	\$3,000.00	

Dauphine (A)

Assumpta Dauphine is a widowed senior whose husband died in 2025. The exercise explores how to handle a qualified charitable distribution, manual rollover and new car loan interest.

- Assumpta retired from the Office of Personnel Management as administrative assistant. Her 1099-R, Box 5 amount was for health insurance premiums.
- (A) Assumpta’s IRA distribution from Pioneer Trust satisfied her RMD. All of the distribution except \$1,000 went to a qualified charity.
- (A) On March 17, 2026, Assumpta cashed out and closed her Fidelity IRA account. On May 5, 2026, she rolled over \$14,500 into her Pioneer Trust Company IRA account.
- (A) Assumpta bought a new car in March 2025 for her personal use and took out a loan.
- **Assumpta wrote a check for \$250 to her local food pantry. ** Tax law changes in TY26

Assumpta: SSN: 425-00-XXXX BDATE: 5/18/1952 ADDR: 6798 ARLINGTON PLACE
PH: 708-949-5876

Assumpta Dauphine
6798 Arlington Place
YC, YS YZIP

1127
15-0000/0000

PAY TO THE
ORDER OF

\$

DOLLARS

ANYPLACE BANK
Anyplace, YS 00000

For

⑆011200365⑆ 987 7712 31 1127

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
20XX ○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ○ SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name ASSUMPTA DAUPHINE		Box 2. Beneficiary's Social Security Number 425-00-XXXX	
Box 3. Benefits Paid in 20XX \$28,477.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$28,477.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$28,477.00 Medicare Part B premiums deducted from your benefits Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions Benefits for 20XX \$28,477.00 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address ASSUMPTA DAUPHINE 6798 ARLINGTON PLACE YC, YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 425-00-XXXXA	

**PAID
BY**

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

Copy B - File with Federal tax return

20XX

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

Form CSA 1099R (Rev 1/2009)
This information is being furnished to the
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification 52-6083699	Recipient's ID No. (Annuitant) 425-00-XXXX	Account number (Retirement Claim) CSA 8972345
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums \$1,255.00	PAID TO → ASSUMPTA DAUPHINE 6798 ARLINGTON PLACE YC, YS YZIP	
7. Distribution Code(s) 7-NONDISABILITY		
9b. Total Employee Contributions \$36,423.00		

	1. Gross distribution \$18,426.00
	2a. Taxable amount \$17,045.00
	4. Federal Income Tax Withheld \$1,705.00
State 1	10. State Income Tax Withheld
State 2	11. State Income Tax Withheld

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. PIONEER TRUST COMPANY PO BOX 1400 BOSTON MA 02119-1400			1 Gross distribution \$16,000.00		OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount				
			2b Taxable amount not determined. ☒		Total Distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
PAYER'S TIN 27-112XXXX		RECIPIENT'S TIN 425-00-XXXX	3 Capital gain (included in box 2a).		4 Federal income tax withheld		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ASSUMPTA DAUPHINE 6798 ARLINGTON PLACE YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) Y7	IRA/ SEP/ SIMPLE ☒	8 Other %		
			9a Your percentage of total distribution %		9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld		15 State/Payer's state no.	16 State distribution	
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality	19 Local distribution

Form **1099-R**

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. FIDELITY CAPITAL INVESTMENT PO BOX 1789 HOUSTON TX 77001-1789			1 Gross distribution \$22,399.00 2a Taxable amount \$22,399.00 2b Taxable amount not determined. ☒		OMB No. 1545-0119 20XX Form 1099-R
PAYER'S TIN 67-229XXXX			RECIPIENT'S TIN 425-00-XXXX		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ASSUMPTA DAUPHINE 6798 ARLINGTON PLACE YC, YS YZIP			3 Capital gain (included in box 2a). 4 Federal income tax withheld \$2,240.00		
5 Employee contributions/ Designated Roth contributions or insurance premiums 7 Distribution Code(s) 7 9a Your percentage of total distribution %			6 Net unrealized appreciation in employer's securities 7 Other % 9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirement ☐			14 State tax withheld \$475.00 15 State/Payer's state no. 67229XXXX 16 State distribution \$22,399.00		
Account number (see instructions)			13 Date of payment		17 Local tax withheld 18 Name of locality 19 Local distribution
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

RECIPIENT'S/LENDER'S name MOTORWORKS				* Caution: The amount shown may not be fully deductible by you. Limits based on the amount of interest paid, your income, and the passenger vehicle may apply. Generally, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-2334 Form 1098-VLI (December 2026) For calendar year 2026	Vehicle Loan Interest Statement Copy B For Payer of Record This is important tax information and is being furnished to the IRS. 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 vehicle loan interest.
Street address 1200 SANDHURST BLVD		Room/suite no.		1 Vehicle loan interest received by lender* \$ 2,465			
City/town YC	State/province YS	Country	ZIP/foreign code YZIP	2a Year 2025			
Telephone number:				2b Make HONDA			
RECIPIENT'S/LENDER'S TIN 84-447XXXX		PAYER OF RECORD'S TIN 42500XXXX		2c Model ACCORD		2d VIN 1HGCY1F47SA051080	
PAYER OF RECORD'S name ASSUMPTA DAUPHINE				3a Loan origination date 08/16/2025		3b Loan acquisition date 08/16/2025	
Street address 6798 ARLINGTON PLACE		Apt. no.		4 Outstanding principal \$ 24,687		5 Refund of overpaid interest \$	
City/town YC	State/province YS	Country	ZIP/foreign code YZIP	Account number (see instructions) 87296CP			
Form 1098-VLI (12-2026) (keep for your records) www.irs.gov/Form1098VLI Department of the Treasury - Internal Revenue Service							

Egret (A)

This exercise explores a working single taxpayer who:

- Signed up with IRS for an annual PIN: 762117
- Received a brokerage statement showing:³
 - U.S. Savings Bond interest
 - Tax-Exempt interest - \$14 was from other states
- Made a Roth IRA contribution of \$500 for tax year 2026⁴
- (A) Made a traditional IRA contribution of \$600 for tax year 2026
- (A) Had a self only, high deductible health plan and an HSA account all 12 months
 - Made \$2,200 HSA contribution through his work cafeteria plan
 - Took an HSA distribution which was all for qualified medical expenses
- (A) Sold on ebay some of his old clothes and miscellaneous household items⁵
 - Items sold for less than his original cost
 - His total expenses were \$265 for shipping

Damion: SSN: 548-00-XXXX BDATE: 4/2/1984 ADDR: 87 5TH STREET, APT 3711
PH: 708-249-6662

³ Your Instructor will teach you how U.S. Savings Bond and Tax-Exempt interest are handled in your state.

⁴ See NTTC 4012 under “Retirement Savings Contributions Credit”.

⁵ Refer to NTTC 4491 chapter 9 Income - Business Income/ Form 1099-K Payment Card and third party network transactions

a. Employee's social security number 548-00-XXXX		Save. accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile		
OMB No. 1545-0008						
b. Employer identification number (EIN) 85-674XXXX		1. Wages, tips, other compensation \$29,480.00		2. Federal income tax withheld \$3,100.00		
c. Employer's name, address, and ZIP code NEW HORIZON ARCHITECTS 12 HUDSON AVE YC YS YZIP		3. Social security wages \$29,480.00		4. Social security tax withheld \$1,827.76		
		5. Medicare wages and tips \$29,480.00		6. Medicare tax withheld \$427.46		
		7. Social security tips		8. Allocated tips		
d. Control number 45-000987		9.		10. Dependant care benefits		
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code DAMION EGRET 87 5TH STREET YC YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 W \$2,200.00		
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sick pay ☐		12b. DD \$3,700.00		
		14. Other		12c.		
				12d.		
15. State YS	Employer's state ID number 856741	16. State wages, tips, etc. \$29,480.00	17. State income tax 1,257.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
<div> <div>Form</div> <div> W-2 Wage and Tax Statement </div> <div>20XX</div> </div> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>						

ALPINE BROKERAGE LLC
2715 Alpine Lane
Boston, MA 02110
Account No. 111-227
Payer's TIN: 96-7XXXXXXX

20XX
TAX INFORMATION SUMMARY

TAX REPORTING STATEMENT
Damion Egret
87 5th Street
YC YS YZIP
548-00-XXXX

Form 1099-DIV		20XX Dividends and Distributions		Copy B for Recipient	
1a	Total Ordinary Dividends	58.66	6	Investment Expenses	0.00
1b	Qualified Dividends	39.43	7	Foreign Tax Paid	0.00
2a	Total Capital Gain Distributions	5.97	8	Foreign Country or US Possession	
2b	Unrecaptured Sec 1250 Gain	0.00	9	Cash Liquidation Distributions	
2c	Section 1202 Gain	0.00	10	Noncash Liquidation Distributions	0.00
2d	Collectibles (28%) Gain	0.00	12	Exempt-Interest Dividends	0.00
2e	Section 897 Ordinary Dividends	0.00	13	Specified Private Activity Bond Interest Dividends	0.00
2f	Section 897 Capital Gains	0.00	14	State	
3	Nondividend Distributions	10.00	15	State Identification Number	
4	Federal Income Tax Withheld	0.00	16	State Tax Withheld	0.00
5	Section 199A Dividends	0.00			

Form 1099-INT		20XX Interest Income		Copy B for Recipient	
1	Interest Income	13.31	9	Specified Private Activity Bond Interest	0.00
2	Early Withdrawal Penalty	0.00	10	Market Discount	0.00
3	Interest on US Savings Bonds and Treasury Obligations	125.00	11	Bond Premium	0.00
4	Federal Income Tax Withheld	0.00	12	Bond Premium on US Treasury Obligations	0.00
5	Investment Expenses	0.00	13	Bond Premium on Tax-Exempt Bond	0.00
6	Foreign Tax Paid	0.00	15	State	
7	Foreign Country or US Possession		16	State Identification No	
8	Tax-Exempt Interest	40.00	17	State Tax Withheld	0.00

Discover Bank			20XX	1099-INT
502 East Market St			EIN 51-0020270	
Greenwood, DE 19950				
Damion Egret				
87 5th Street				
YC, YS YZIP				
	Box 1	Box 2	Box 3	Box 4
Acct 42987657	165			
CD 38629887	250	25		
CD 38629895	250			
Total	\$665	\$25		

☐ CORRECTED (if checked)				
TRUSTEE'S/PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. UMB BANK PO BOX 419226 YC YS YZIP		OMB No. 1545-1517 Form 1099-SA (Rev. November, 2019) For Calendar Year 20XX		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 44-0194180	RECIPIENT'S TIN 548-00-XXXX	1 Gross Distribution \$135.00	2 Earnings on excess cont.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal DAMION EGRET 87 5TH STREET YC YS YZIP		3 Distribution Code 1	4 FMV on date of death	Copy B For Recipient This information is being furnished to the IRS.
		5 HSA ☒ Archer MSA ☐ MA MSA ☐		
Account number (see instructions)				
Form 1099-SA				

Comment - NTTC 4012 TY25, P D-29, Enter amt on a 1099-k form and select continue, then cancel schedule C if all payments have been accounted for.

2727

☐ VOID☐ CORRECTED

TRUSTEE'S name UMB BANK				1 Employee's or self-employed person's Archer MSA contributions made in the calendar year and the subsequent year for the calendar year		OMB No. 1545-1518 Form 5498-SA (Rev. December 2026) For calendar year 20XX		HSA, Archer MSA, or Medicare Advantage MSA Information Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099
Street address PO BOX 419226			Room/suite no.					
City/town YC	State/province YS	Country US	ZIP/foreign code YZIP					
Telephone number:				2 Total contributions made in the calendar year \$ 2,200				
TRUSTEE'S TIN 47-0858534		PARTICIPANT'S TIN 548-00-XXXX			3 Total HSA or Archer MSA contributions made in the subsequent year for the calendar year \$			
PARTICIPANT'S name DAMION EGRET				4 Rollover contributions \$				
Street address 87 5TH STREET			Apt. no.		5 Fair market value of HSA, Archer MSA, or MA MSA \$ 7,540			
City/town YC	State/province YS	Country US	ZIP/foreign code YZIP		6 HSA ☒ Archer MSA ☐ MA MSA ☐			
Account number (see instructions) 687C48								
Form 5498-SA (Rev. 12-2026) Created 9/18/25 Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service								

☐ CORRECTED (if checked)								
FILER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone no. EBAY 2025 HAMILTON AVENUE SAN JOSE, CA 95125				FILER'S TIN 77-0430924		OMB No. 1545-2205 Form 1099-K (Rev. January, 2022) For calendar year 20XX		Payment Card and Third Party Network Transactions Copy B For Payee 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.
				PAYEE'S TIN 548-00-XXXX				
Check to indicate if FILER is a (an) Payment Settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF)/Other third party ☐				Check to indicate transactions reported are: Payment Card ☐ Third party network ☒		1a Gross amount of payment card/third party network transactions \$1,063.00		
1b Card Not Present transactions				2 Merchant category code				
3 Number of payment Transactions 25				3 Federal income tax withheld				
PAYEE'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code DAMION EGRET 87 5TH STREET YC, YS YZIP				5a January \$125.00		5b February		
				5c March \$47.00		5d April \$86.00		
				5e May		5f June \$325.00		
				5g July \$101.00		5h August \$64.00		
				5i September		5j October \$70.00		
				5k November \$245.00		5l December		
PSE'S name and telephone number				6 State YS		7 State Identification no.		
Account Number (see instructions) 8H46298110						8 State income tax withheld		
Form 1099-K (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service								

Damion Egret

Your City, YS YZ

429

15-0000/0000

PAY TO THE ORDER OF:

\$

DOLLARS

WHITAKER BANK
Anyplace, YS 00000

For

⑆042104168⑆ 4329393487524⑈ 429

Fitzgerald (A)

Errata:

8/3/2026. The mileage rate for Schedule C business miles and Schedule A medical miles increased as of 7/1/2026. This impacts: Fitzgerald (medical miles), Janisch (business miles), Caldwell (business miles), and Davenport (medical miles). You should prorate the miles, where half the miles should be attributed to the first half of the year, and half in the second half of the year. The printed AGI's for Janisch and Caldwell will be incorrect, since there is a higher mileage deduction on Schedule C for the second half of the year, impacting the net business profit. Answers will be updated after TaxSlayer is released.

This exercise explores the health insurance tax benefit for a retired Public Safety Officer (PSO); working with a brokerage statement; capital loss carryforward; student loan interest adjustment; state refund taxability determination; itemizing sales tax or income state tax (in applicable states); and **gambling losses as an itemized deduction.

The taxpayer is a widowed senior whose husband died 2006. She receives Social Security and a pension as a retired Deputy Sheriff. She retired May 1, 2017 and began collecting her pension. She has a brokerage account statement and a capital loss carryover. She did not itemize the previous year. **An itemized deduction worksheet was completed by the taxpayer.

Rosalina Fitzgerald SSN: 626-00-XXXX BDATE: 11/10/1953 ADDR: 1510 Raupp Blvd
PH: 826-459-5555

- She received a state tax refund of \$420 last year (is this taxable income?)⁶
- Carryover long term capital loss of \$2,425
- Tax-Exempt
 - Interest; \$82 was from your state
 - Exempt-Interest Dividends; \$38 was from your state
- ** She won \$2,985 playing slots at the casino; has gambling losses of \$3,325

*** Tax law changes in TY26*

⁶ Review State and Local Refund Worksheet and Public Safety Officer exclusion for insurance premiums in NTTC 4012

Rosalina Fitzgerald

Your City, YS YZ

2522

15-0000/0000

PAY TO THE ORDER OF:

\$

DOLLARS

NORTHBROOK BANK & TRUST
Anyplace, YS 00000

For

⑆071926184⑆ 0033234578687⑈ 2522⑆

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name ROSALINA FITZGERALD		Box 2. Beneficiary's Social Security Number 626-00-XXXX
Box 3. Benefits Paid in 20XX \$16,656.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$16,656.00
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$14,041.00		
Medicare Part B premiums deducted from your benefits \$2,435.00		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$180.00		
Total Additions \$2,615.00		
Benefits for 20XX \$16,656.00		Box 6. Voluntary Federal Income Tax Withheld
Benefits for 20XX-1		Box 7. Address ROSALINA FITZGERALD 1510 RAUPP BLVD YC, YS YZIP
Benefits for 20XX-2		
Benefits for 20XX-3		Box 8. Claim Number (use this number if you need to contact SSA) 626-00-XXXXA

Form **SSA-1099-SM**

☐ CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. COMPTROLLER JACKSON COUNTY 13 GOVERNMENT PLACE JACKSONVILLE, FL 32211			1 Gross distribution \$57,002.00		OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$51,860.00				
			2b Taxable amount not determined. ☐		Total Distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
PAYER'S TIN 16-851XXXX		RECIPIENT'S TIN 626-00-XXXX		3 Capital gain (included in box 2a).			4 Federal income tax withheld \$1,200.00
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code ROSALINA FITZGERALD 1510 RAUPP BLVD YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) 7		IRA/ SEP/ SIMPLE ☐		8 Other %
			9a Your percentage of total distribution %		9b Total Employee Contributions \$89,992.00		
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$895.00		15 State/Payer's state no. YS 16851XXXX	16 State distribution 51860
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality	19 Local distribution
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service							

☐ CORRECTED (if checked)								
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code CARNIVAL CORPORATION 3655 NW 87 AVE MIAMI, FL 33178			1. Reportable winnings \$2,985.00		2. Date won 02/16/20XX		OMB No 1545-0238 Form W2-G Certain Gambling Winnings (Rev. December 2023) For calendar year 20 XX	
			3. Type of wager SLOT MACH		4. Federal income tax withheld \$299.00			
			5. Transaction		6. Race			
			7. Winnings from identical wagers		8. Cashier JT			
PAYER'S TIN 59-1562976		PAYER'S Telephone number		9. WINNER'S TIN 626-00-XXXX		10. Window		This information is being furnished to the IRS.
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code ROSALINA FITZGERALD 1510 RAUPP BLVD YC, YS YZIP			11. First identification no. 202576893		12. Second identification no.			
			13. State/Payer's state identification no. YS 591562976		14. State Winnings \$2,985.00			
			15. State income tax withheld		16. Local Winnings			
			17. Local income tax withheld		18. Name of locality		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.								
Signature:				Date:				
Form W-2G								

☐ CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number NORVEST 5 CIRCLE CITY, STATE, ZIP		OMB. 1545-1576 20XX	Student Loan Interest Statement

ALPINE BROKERAGE LLC
 2715 Alpine Lane
 Boston, MA 02110
 Account No. 111-227
 Payer's TIN: 95-7XXXXXXX

**20XX
 TAX INFORMATION SUMMARY**

TAX REPORTING STATEMENT
 Rosalina Fitzgerald
 1510 Raupp Blvd
 YC YS YZIP
 626-00-XXXX

Form 1099-DIV		20XX Dividends and Distributions		Copy B for Recipient	
1a	Total Ordinary Dividends	5,859.66	6	Investment Expenses	850.00
1b	Qualified Dividends	3,987.43	7	Foreign Tax Paid	34.89
2a	Total Capital Gain Distributions	2,353.97	8	Foreign Country or US Possession	VARIOUS
2b	Unrecaptured Sec 1250 Gain	0.00	9	Cash Liquidation Distributions	
2c	Section 1202 Gain	0.00	10	Noncash Liquidation Distributions	0.00
2d	Collectibles (28%) Gain	0.00	12	Exempt-Interest Dividends	507.78
2e	Section 897 Ordinary Dividends	0.00	13	Specified Private Activity Bond Interest Dividends	0.00
2f	Section 897 Capital Gains	0.00	14	State	YS
3	Nondividend Distributions	56.00	15	State Identification Number	
4	Federal Income Tax Withheld	1,600.00	16	State Tax Withheld	0.00
5	Section 199A Dividends	654.85			
Form 1099-INT		20XX Interest Income		Copy B for Recipient	
1	Interest Income	658.00	9	Specified Private Activity Bond Interest	0.00
2	Early Withdrawal Penalty	0.00	10	Market Discount	0.00
3	Interest on US Savings Bonds and Treasury Obligations	456.93	11	Bond Premium	223.67
4	Federal Income Tax Withheld	0.00	12	Bond Premium on US Treasury Obligations	0.00
5	Investment Expenses	0.00	13	Bond Premium on Tax-Exempt Bond	0.00
6	Foreign Tax Paid	0.00	15	State	YS
7	Foreign Country or US Possession		16	State Identification No	XXXXXX
8	Tax-Exempt Interest	87.95	17	State Tax Withheld	0.00

Dividends and Interest ⁷

⁷ Your Instructor will teach you how U.S. bonds, Exempt Interest Dividends, and tax-exempt interest are handled in your state

ALPINE BROKERAGE LLC
2715 Alpine Lane
Boston, MA 02110
Account No. 111-227
Payer's TIN: 95-7XXXXXXX

20XX
TAX INFORMATION SUMMARY

TAX REPORTING STATEMENT
Rosalina Fitzgerald
1510 Raupp Blvd
YC YS YZIP
626-00-XXXX

Summary of 20XX Proceeds from Broker and Barter Exchange Transactions

1099-B Type	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Loss	Federal Income Tax Withheld
A Short-term transactions for which basis is reported to the IRS	17,749.50	13,932.50			3,817.00	
B Short-term transactions for which basis is not reported to the IRS						
D Long-term transactions for which basis is reported to the IRS	8,089.35	5,194.75			2,894.60	
E Long-term transactions for which basis is not reported to the IRS						
Transactions for which Term is Unknown (C or F)						
Totals	25,838.85	19,127.25			6,711.60	

Your name: **ROSALINA FITZGERALD**

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify) MEDICARE	\$
MEDICARE	\$ 2435
DRUG	\$ 180
SUPPLEMENTAL	\$ 1560
* For health, dental, vision, long-term care. Not paid pre-tax from paycheck. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$ 160
Hospital, medically needed care facility, etc.	\$ 9678
Prescriptions (even if filled with over-the-counter meds)	\$ 945
Medical aids (canes, glasses, etc.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles using own car	123 mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$ 7645
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
	\$
	\$
	\$
Charitable miles using own car	mi.

**** Use zip code 60062 Northbrook, IL for sales tax calculator**

than through withholding)	
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$ 9200
Personal property (e.g. tax portion of car registration)	\$
Other taxes paid (specify):	\$
	\$
INTEREST **	
Home mortgage interest - on main home	\$
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender (for state tax only)	\$
Year loan originated	Yr:
Other (specify):	\$
OTHER:	
Gambling losses/expenses	\$ 3325
Investment expenses (for state)	\$
Other (specify):	\$
	\$

Comment – PSO Medical can include Medicare and supplemental health insurance up to \$3000

Proficiency Exercises

Gerard

This exercise explores a married couple, Eugene and Ruth, where one is working and the other spouse is retired. They have:

- Wages, including overtime. Eugene is a non exempt employee.
- Ruth began taking Social Security benefits
- Ruth took her first IRA withdrawal
- Interest, including U.S. Savings bond interest
- Ruth made a \$200 cash contribution to her church ** *Tax law changes in TY26*
- (A) HSA contributions to Eugene's self-only HSA through Eugene's work
- (A) HSA distribution from Ruth's self-only HSA used to reimburse her Medicare premiums

Eugene Gerard SSN: 050-00-xxxx
Maker

BDATE: 5/15/1962

Job Title: Hot Dog

Ruth Gerard SSN: 010-00-xxxx

BDATE: 10/02/1960

Job Title: Retired

ADDR: 2322 Roxbury Avenue, YC YS YZIP

Phone: (703) 237-5555

a. Employee's social security number 050-00-XXXX		Save. accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile		
b. Employer identification number (EIN) 91-1234567		1. Wages, tips, other compensation \$36,588.00		2. Federal income tax withheld \$3,258.00		
c. Employer's name, address, and ZIP code ARMOUR & COMPANY 1925 SINCLAIR WAY CHICAGO IL 60603		3. Social security wages \$40,338.00		4. Social security tax withheld \$2,500.96		
		5. Medicare wages and tips \$40,338.00		6. Medicare tax withheld \$584.90		
		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 EUGENE GERARD 2322 ROXBURY AVENUE YC, YS, YZ		11. Nonqualified plans		12a. See instructions for box 12 D \$3,750.00		
		13. Statutory Retirement Third-party Employee Plan sick pay ☐ ☒ ☐		12b. W \$3,100.00		
		14. Other		12c. DD \$12,487.00		
				12d. TT \$850.00		
15. State YS	Employer's state ID number 3300911234567	16. State wages, tips, etc. \$36,588.00	17. State income tax 1,150.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
<div> <div>Form W-2 Wage and Tax Statement</div> <div>20XX</div> </div> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>						

Comment-W-2, Box 12d--Total amount of qualified overtime compensation. Use this amount in determining the deduction for qualified overtime compensation
NTTC 4012, D-11

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
20XX ☐ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ☐ SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name RUTH GERARD		Box 2. Beneficiary's Social Security Number 010-00-XXXX
Box 3. Benefits Paid in 20XX \$14,784.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$14,784.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$11,314.20 Medicare Part B premiums deducted from your benefits \$2,434.80 Voluntary Federal Income Tax Withheld \$1,035.00 Total Additions \$3,469.80 Benefits for 20XX \$14,784.00 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld \$1,035.00 Box 7. Address RUTH GERARD 2322 ROXBURY AVENUE YC, YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 010-00-XXXXA

Form **SSA-1099-SM**

☐ CORRECTED (if checked)											
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. CHARLES SCHWAB & CO., INC. 3000 SCHWAB WAY WESTLAKE TX 76262 1-800-435-4000			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$2,800.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$2,800.00</div>								
			2b Taxable amount not determined. ☒								
PAYER'S TIN <div style="text-align: right;">94-1737782</div>		RECIPIENT'S TIN <div style="text-align: right;">010-00-XXXX</div>		3 Capital gain (included in box 2a). <div style="text-align: right;">\$0.00</div>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS					
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RUTH GERARD 2322 ROXBURY AVENUE YC, YS, YZ		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities							
		7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE ☒				8 Other <div style="text-align: right;">%</div>			
		9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions							
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐				14 State tax withheld		15 State/Payer's state no.	
Account number (see instructions) 8108-5564			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution		
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service											

☐ CORRECTED (if checked)										
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JOHNSTOWN BANK AND TRUST COMPANY 246 MAIN STREET JOHNSTOWN, PA 15905			Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January, 2022) For calendar Year 20XX		Interest Income			
			1 Interest income <div style="text-align: right; font-weight: bold;">\$627.00</div>							
			2 Early withdrawal penalty							
PAYER'S TIN <div style="text-align: right;">05-400XXXX</div>		RECIPIENT'S TIN <div style="text-align: right;">050-00-XXXX</div>		3 Interest on US Savings Bonds and Treas. obligations <div style="text-align: right; font-weight: bold;">\$2,854.00</div>			Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code EUGENE AND RUTH GERARD 2322 ROXBURY AVENUE YC, YS, YZ			4 Federal income tax withheld		5 Investment expenses					
			6 Foreign Tax Paid		7 Foreign Country or US possession					
			8 Tax exempt interest		9 Specified private activity bond interest					
FATCA filing requirement ☐			10 Market Discount		11 Bond Premium					
			12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond					
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State Identification no.		17 State tax withheld	
Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service										

☐ CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province
country, ZIP or foreign postal code and telephone no.

INSPIRA FINANCIAL HEALTH, INC.
11819 MIAMI STREET
SUITE 200
OMAHA, NE 68164

OMB No. 1545-1517

Form **1099-SA**

(Rev. January, 2022)

For calendar Year

20 **XX**

**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

PAYER'S TIN

91-1774434

RECIPIENT'S TIN

010-00-XXXX

1 Gross Distribution

\$2,434.80

2 Earnings on excess cont.

\$0.00

RECIPIENT'S name
Street address (including apt.no.)

City or town, state or province, country, ZIP or foreign postal code

RUTH GERARD
2322 ROXBURY AVENUE
YC, YS, YZ

3 Distribution Code

1

4 FMV on date of death

5 HSA ☒

Archer
MSA ☐

MA
MSA ☐

**Copy B
For
Recipient**

This information
is being furnished
to the IRS.

Account number (see instructions)

742500009985

Form **1099-SA** (Rev. 1-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

Hendricks

This exercise covers a taxpayer in a multi-generational home. You need to determine who he can claim as dependent(s) and for what credits he qualifies. Additionally, review the retirement account withdrawal for any tax implications.

- Sean pays all the expenses for maintaining the home where his daughter Erin and grandson Conner also live.
- Sean works part-time on weekends at a local brewery.
- Sean had a brief layoff from his primary job.
- Sean made an early withdrawal from his IRA. The counselor asked Sean about the withdrawal, and Sean explained that he needed the extra money while he was unemployed in order to cover his regular bills.⁸
- He was divorced Nov 1, 2021 and paid \$1800 alimony to his ex-wife Clara Hendricks during the tax year.
- Erin is divorced and Conner is her son. She receives no money from the child's father. She went to college for the first time starting in the summer. The tax form received from her college is under her SSN. Her scholarship is required to be used for tuition. Erin attends full-time and is studying to be a nurse. She earned \$5025 to help pay for her child's expenses. The school she attends has free day care for their students' children. She qualifies for either available education credit. In addition to tuition, she had expenses for:
 - \$295 for books for class that were purchased second-hand online
 - \$250 school parking pass
 - \$825 for a laptop for online class registration, syllabus, and homework
 - \$110 for nursing scrubs that are required for class
 - \$ 75 for a backpack for her books and class supplies
 - \$120 for online access to a medical reference database used for classwork
- Erin is willing to let Sean claim Conner if it is allowed and is more beneficial.

Sean SSN: 754-00-XXXX Bdate: 5/8/1970 ADDR: 234 MANOR HILL AVE
PH: 614-229-2351

Clara Hendricks SSN: 787-00-XXXX
Erin Fox SSN: 727-00-XXXX
Conner Fox SSN: 715-00-XXXX

⁸ Taxpayers are not aware of the exceptions for early IRA withdrawals. Counselors must review the list of Form 5329 exceptions in NTTC 4012 to determine if the taxpayer qualifies for an exception to the additional tax.

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN
ERIN FOX	02/04/2006	DAUGHTER	12	S	Y	Y	Y	N	N
CONNER FOX	11/01/2024	GRANDCHILD	12	S	Y	Y	N	N	N

To be completed by certified volunteer (Yes, No, or N/A)				
Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Sean Hendricks

234 Manor Hill Ave

YC, YS YZIP

0213

15-0000/0000

PAY TO THE ORDER OF

\$

DOLLARS

ANYPLACE BANK

Anyplace, YS 00000

For

⑆325070760⑆ 99963524178⑈ 0213

		a. Employee's social security number 754-00-XXXX		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 67-278XXXX				1. Wages, tips, other compensation \$52,100.00		2. Federal income tax withheld \$2,605.00			
c. Employer's name, address, and ZIP code DOMINION MEDICAL INSTRUMENTS 187 COMMONWEALTH AVE YC YS YZIP				3. Social security wages \$53,300.00		4. Social security tax withheld 3,304.60			
				5. Medicare wages and tips \$53,300.00		6. Medicare tax withheld \$772.85			
				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 SEAN HENDRICKS 234 MANOR HILL AVE YC YS YZIP				11. Nonqualified plans		12a. See instructions for box 12 D \$1,200.00			
				13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☒ ☐		12b. DD \$11,750.00			
				14. Other		12c.			
						12d.			
15. State YS	Employer's state ID number 67278XXXX	16. State wages, tips, etc. \$52,100.00	17. State income tax 1,865.50	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

Form **W-2** Wage and Tax Statement 20XX

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

22222		a Employee's social security number 754-00-XXXX		OMB No. 1545-0029					
b Employer identification number (EIN) 59-3305930				1 Wages, tips, other compensation 4366		2 Federal income tax withheld 185			
c Employer's name, address, and ZIP code DARDEN RESTAURANTS 1000 DARDEN CENTER DRIVE ORLANDO, FL 32837				3 Social security wages 1319		4 Social security tax withheld 270.69			
				5 Medicare wages and tips 4366		6 Medicare tax withheld 63.31			
				7 Social security tips 3047		8 Allocated tips			
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff. SEAN HENDRICKS 234 MANOR HILL AVE YC, YS YZIP				11 Nonqualified plans		12a			
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		TP 3047			
				14a Other		12b			
						12c			
						12d			
f Employee's address and ZIP code				14b Treasury Tipped Occupation Code(s) 101					
15 State YS	Employer's state ID number 59-3305930	16 State wages, tips, etc. 4366	17 State income tax 65	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. DEPARTMENT OF EMPLOYMENT SECURITY 1320 WASHINGTON ST YC YS YZIP		1 Unemployment compensation <div style="text-align: center; border: 1px solid black; padding: 2px;">\$1,250.00</div>		OMB No. 1545-0120 Form 1099-G (Rev. January, 2022) For calendar Year <div style="text-align: center; border: 1px solid black; padding: 2px;">20 XX</div>		
		2 State or local income tax refunds, credits or offsets				
		3. Box 2 amount is for tax year		4 Federal income tax withheld <div style="text-align: center; border: 1px solid black; padding: 2px;">\$125.00</div>		<div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> <p style="font-size: small;">This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
PAYER'S TIN <div style="text-align: center; border: 1px solid black; padding: 2px;">97-431XXXX</div>		RECIPIENT'S TIN <div style="text-align: center; border: 1px solid black; padding: 2px;">754-00-XXXX</div>				
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code SEAN HENDRICKS 234 MANOR HILL AVE YC YS YZIP		5 RTAA payments		6 Taxable grants		
		7 Agriculture payments		8 If checked, box 2 is trade or business income ☐		
		9 Market gain				
Account number (see instructions)		10a State <div style="text-align: center; border: 1px solid black; padding: 2px;">YS</div>		10b State identification no. <div style="text-align: center; border: 1px solid black; padding: 2px;">321341234</div>		
		11 State income tax withheld <div style="text-align: center; border: 1px solid black; padding: 2px;">43.75</div>				

Form **1099-G** (Rev. 1-2022) (keep for your records)
www.irs.gov/Form1099G
Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. FIRST FLIGHT FINANCIAL SERVICES PO BOX 3501 CHARLOTTE NC 28220		1 Gross distribution <div style="text-align: center; border: 1px solid black; padding: 2px;">\$1,500.00</div>		OMB No. 1545-0119 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R		
		2a Taxable amount <div style="text-align: center; border: 1px solid black; padding: 2px;">\$1,500.00</div>				
		2b Taxable amount not determined. ☒		Total Distribution ☐		<div style="text-align: center; font-weight: bold;">Copy B</div> <p style="font-size: small;">Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</p> <p style="font-size: x-small;">This information is being furnished to the IRS</p>
PAYER'S TIN <div style="text-align: center; border: 1px solid black; padding: 2px;">96-456XXXX</div>		RECIPIENT'S TIN <div style="text-align: center; border: 1px solid black; padding: 2px;">754-00-XXXX</div>				
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code SEAN HENDRICKS 234 MANOR HILL AVE YC YS YZIP		3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: center; border: 1px solid black; padding: 2px;">\$150.00</div>		
		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		7 Distribution Code(s) <div style="text-align: center; border: 1px solid black; padding: 2px;">1</div>		8 Other ☐		
9a Your percentage of total distribution <div style="text-align: center; border: 1px solid black; padding: 2px;">%</div>		9b Total Employee Contributions				
						10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		13 Date of payment		
Account number (see instructions)		14 State tax withheld		15 State/Payer's state no.		
		17 Local tax withheld		18 Name of locality		
				16 State distribution		
				19 Local distribution		

Form **1099-R** (keep for your records)
www.irs.gov/Form1099R
Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number FRANKLIN STATE COLLEGE 3000 COLLEGE BLVD YC YS YZIP		1 Payments received for qualified tuition and related expenses \$5,850.00	OMB No. 1545-1574 20XX Form 1098-T	Tuition Statement
		2		
FILER'S employer identification no. 53-689XXXX	STUDENT'S TIN 727-00-XXXX	3		Copy B For Student 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.
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code ERIN FOX 234 MANOR HILL AVE YC YS YZIP		4 Adjustments made for a prior year	5 Scholarships or grants \$3,250.00	
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. ☐	
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 (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service				

Isenberg (A)

This exercise covers a single senior. Jarrett Isenberg's girlfriend moved in with him in December of 2025. Her only income was her Social Security. He provided more than half of her support. You need to determine whether he can claim her as his dependent and whether that impacts his filing status. You can use the Colorado Resource Toolbox to determine if his girlfriend qualifies as a dependent and Jarrett's filing status. The exercise also explores how to handle after tax contributions in a retirement pension when the taxable amount is unknown. The exercise includes the new charitable deduction.

- His Midwest pension Box 2a is blank however Box 9b has an amount (A). You can use the Colorado Resource Toolbox to calculate the Box 2a taxable amount.
 - Received his first pension payment 7/1/2023
 - Single life annuity
- Jarrett's company offered him an early retirement package. As part of the offer, the company provides health insurance until he is eligible for Medicare. He has a self-only insurance plan. Jarrett has an HSA that he uses for medical expenses. Neither he nor the company contributed to the HSA in TY26. The HSA distribution of \$4,830 was used for:
 - \$4,000 hearing aids (Trista)
 - \$50 prescription drugs (Jarrett)
 - \$525 prescription drugs (Trista)
 - \$225 copays (Jarrett and Trista)
 - \$30 over the counter cold and flu medications (Jarrett)
- Jarrett has a consolidated brokerage statement from Alpine, with a 1099-DIV and 1099-INT.
- Jarrett received a statement from his church listing contributions of \$1,200 **

Jarrett Isenberg's SSN: 822-00-XXXX

Trista Goeing's SSN: 878-00-XXXX BDATE: 6/15/1960

Where does the income from Trista's Social Security statement go?

Your instructor will teach you about handling Tax-Exempt Interest Dividends in your state and other state specific issues related to brokerage statements.

**** Tax law changes in TY26**

Form 13614-C (October 2025)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet										OMB Number 1545-1964			
You will need: <ul style="list-style-type: none">• Tax Information such as Forms W-2, 1099, 1098, 1095.• 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										<ul style="list-style-type: none">• Complete pages 1-5 of this form.• You are responsible for the information on your return. Provide complete and accurate information.• If you have questions, ask the IRS-certified volunteer preparer.				
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov														
Your first name JARRETT		M.I. L	Last name ISENBERG			Your date of birth 3/18/1963		Your job title RETIRED						
Spouse's first name		M.I.	Last name			Spouse's date of birth		Spouse's job title						
Mailing address 8801 COLDSTREAM DR					Apt #	City YC			State YS		ZIP code YZIP			
Your telephone number 502-555-1212		Spouse's telephone number			Email address (optional)			Did you live or work in two or more states in 2025 ☐ Yes ☒ No						
Can anyone else claim you or your spouse on their tax return										☐ Yes ☒ No				
Check if you or your spouse were in 2025:														
A U.S. citizen		☒ You	☐ Spouse	☐ No	Legally blind		☐ You	☐ Spouse	☒ No					
In the U.S. on a visa		☐ You	☐ Spouse	☒ No	Totally and permanently disabled		☐ You	☐ Spouse	☒ No					
A full-time student		☐ You	☐ Spouse	☒ No	Issued an identity protection PIN (IPPIN)		☐ You	☐ Spouse	☒ No					
					Owners or holders of any digital assets		☐ You	☐ Spouse	☒ No					
If due a refund, how would you like your refund					If you have a balance due, how would you like to make your payment									
☒ Direct deposit		☐ Check by mail			☐ Bank account		☐ IRS.gov Direct Pay							
☐ Split refund between accounts		☐ Other _____			☐ Set up installment agreement		☒ Mail payment to IRS							
Would you like to receive written communications from the IRS in a language other than English										☐ You ☐ Spouse ☒ No				
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund										☐ You ☐ Spouse ☒ No				
As of December 31, 2025, what was your marital status														
☒ Never Married		☐ Married	If married, were you married on the last day of the year						☐ Yes	☐ No				
			Did you and your spouse live apart all of the last 6 months of the year						☐ Yes	☐ No				
☐ Divorced		☐ Legally Separated but not Divorced							☐ Widowed					
Date of final decree _____		Date of separate maintenance decree _____			Year of spouse's death _____									
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☐ (B) Wages as a part-time or full-time employee How many jobs _____	☐ (B) W-2s # _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☒ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____ ☐ (A) Qualified Charitable Distribution From 1099-R \$ _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # _____	
☒ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # _____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)	
☐ Income from renting personal property such as a vehicle	☐ Rental expense \$ _____	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # _____ ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Other income reported elsewhere ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025? ☐ (A) Mortgage Interest ☐ (A) Taxes: state, local, real estate, sales, etc. ☒ (A) Medical, dental, prescription expenses ☒ (A) Charitable contributions	(To be completed by certified volunteer) Standard or Itemized Deductions ☐ (A) 1098 # _____ ☐ (B) Standard deduction ☐ (A) Itemized deduction	Notes/Comments
Paid any of these expenses in 2025? ☐ (B) Student loan interest ☐ (B) Child and dependent care ☐ (B/A) Contributions to a retirement account ☐ (B) School supplies by a teacher, teacher's aide or other educator ☐ (B) Alimony payments (do not include child support)	(To be completed by certified volunteer) Expenses to report ☐ (B) 1098-E ☐ (B) Child and dependent care credit ☐ (B/A) IRA (Basic if a Roth IRA or 401K) ☐ (B) Educator expenses deduction \$ _____ ☐ (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income ☐ Yes ☐ No	Notes/Comments
Did any of the following happen during 2025? ☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.) ☐ (A) Sell a home ☒ (A) Have a health savings account (HSA) ☐ (A) Purchase health insurance through the Marketplace (Exchange) ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) ☐ (A) Other (example: purchased a new vehicle, etc.) ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender ☐ (A) Have a loss related to a declared Federal disaster area ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) ☐ Receive any letter or bill from the IRS ☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes ☐ Brought last year's return	(To be completed by certified volunteer) Information to report ☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction ☐ (A) Sale of home (1099-S) ☐ (A) HSA contributions ☐ (A) HSA distributions ☐ (A) 1095-A ☐ (A) Energy efficient home improvement credit (Form 5695, Part II only) ☐ VIN # _____ ☐ (A) 1099-C ☐ (A) 1099-A ☐ Disaster relief impacts return ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason ☐ Eligible for Low Income Taxpayer Clinic referral ☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ Last year's return available	Notes/Comments

☐ CORRECTED (if checked)								
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MIDWEST RETIREMENT SERVICES 18 VICTORY WAY WOODMERE NY 11598			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Gross distribution \$43,257.00</td> <td rowspan="2" style="width: 50%; text-align: center; vertical-align: middle; padding: 10px;"> <div style="font-size: 2em; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div> </td> </tr> <tr> <td style="padding: 2px;">2a Taxable amount</td> </tr> </table>		1 Gross distribution \$43,257.00	<div style="font-size: 2em; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div>	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
1 Gross distribution \$43,257.00	<div style="font-size: 2em; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div>							
2a Taxable amount								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">2b Taxable amount not determined. ☒</td> <td style="width: 50%; padding: 2px;">Total Distribution ☐</td> </tr> </table>		2b Taxable amount not determined. ☒	Total Distribution ☐					
2b Taxable amount not determined. ☒	Total Distribution ☐							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">3 Capital gain (included in box 2a).</td> <td style="width: 50%; padding: 2px;">4 Federal income tax withheld \$4,326.00</td> </tr> </table>		3 Capital gain (included in box 2a).	4 Federal income tax withheld \$4,326.00					
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">5 Employee contributions/ Designated Roth contributions or</td> <td style="width: 50%; padding: 2px;">6 Net unrealized appreciation in employer's securities</td> </tr> </table>		5 Employee contributions/ Designated Roth contributions or	6 Net unrealized appreciation in employer's securities					
5 Employee contributions/ Designated Roth contributions or	6 Net unrealized appreciation in employer's securities							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">7 Distribution Code(s) 7</td> <td style="width: 50%; padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">IRA/ SEP/ SIMPLE ☐</td> <td style="width: 50%; padding: 2px;">8 Other %</td> </tr> </table> </td> </tr> </table>		7 Distribution Code(s) 7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">IRA/ SEP/ SIMPLE ☐</td> <td style="width: 50%; padding: 2px;">8 Other %</td> </tr> </table>	IRA/ SEP/ SIMPLE ☐	8 Other %	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS		
7 Distribution Code(s) 7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">IRA/ SEP/ SIMPLE ☐</td> <td style="width: 50%; padding: 2px;">8 Other %</td> </tr> </table>	IRA/ SEP/ SIMPLE ☐	8 Other %					
IRA/ SEP/ SIMPLE ☐	8 Other %							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">9a Your percentage of total distribution %</td> <td style="width: 50%; padding: 2px;">9b Total Employee Contributions \$32,850.00</td> </tr> </table>		9a Your percentage of total distribution %	9b Total Employee Contributions \$32,850.00					
9a Your percentage of total distribution %	9b Total Employee Contributions \$32,850.00							
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth	12 FATCA filing requirement ☐	14 State tax withheld \$2,163.00	15 State/Payer's state no. YS/37157XXXX	16 State distribution \$43,257.00			
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution			
Form 1099-R								

☐ CORRECTED (if checked)									
TRUSTEE'S/PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. HSA BANK 35 OAK LANE BOSTON MA 02134			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">OMB No. 1545-1517</td> <td rowspan="3" style="width: 50%; text-align: center; vertical-align: middle; padding: 10px;"> <div style="font-size: 2em; font-weight: bold;">20XX</div> </td> </tr> <tr> <td style="padding: 2px;">Form 1099-SA (Rev. November, 2019)</td> </tr> <tr> <td style="padding: 2px;">For Calendar Year</td> </tr> </table>		OMB No. 1545-1517	<div style="font-size: 2em; font-weight: bold;">20XX</div>	Form 1099-SA (Rev. November, 2019)	For Calendar Year	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
OMB No. 1545-1517	<div style="font-size: 2em; font-weight: bold;">20XX</div>								
Form 1099-SA (Rev. November, 2019)									
For Calendar Year									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Gross Distribution \$4,830.00</td> <td style="width: 50%; padding: 2px;">2 Earnings on excess cont.</td> </tr> </table>		1 Gross Distribution \$4,830.00	2 Earnings on excess cont.						
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">3 Distribution Code 1</td> <td style="width: 50%; padding: 2px;">4 FMV on date of death</td> </tr> </table>		3 Distribution Code 1	4 FMV on date of death						
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5 HSA ☒ Archer MSA ☐ MA MSA ☐									
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal JARRETT L ISENBERG 8801 COLDSTREAM DR YC, YS, YZIP			Copy B For Recipient This information is being furnished to the IRS.						
Account number (see instructions)									
Form 1099-SA									

Alpine Brokerage LLC 2715 Alpine Lane Boston MA 02110 Account No. 111-689 Payer's TIN: 95-7XXXXXXX		20XX TAX INFORMATION SUMMARY	TAX REPORTING STATEMENT Jarrett Isenberg 8801 Coldstream Dr YC YS YZIP Recipient ID No: XXX-00-XXXX																																																																																		
Form 1099-DIV Dividends and Distributions Copy B for Recipient (OMB NO: 1545-0110)		Form 1099-INT Interest Income Copy B for Recipient (OMB NO: 1545-0112)																																																																																			
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January 24, 2027

Reformed Church
917 South Virginia Street
YC, YS, YZIP

Jarrett Isenberg
8801 Coldstream Drive
YC, YS, YZIP

Mr. Isenberg,

The following table lists your contributions to the Reformed Church for 2026.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$1200

The Reformed Church has not provided, in whole or in part, any goods or service to the above named donor in exchange for your contributions.

Reverend Paul Bauman
Reformed Church

Janisch (A)

Errata:

8/3/2026. The mileage rate for Schedule C business miles and Schedule A medical miles increased as of 7/1/2026. This impacts: Fitzgerald (medical miles), Janisch (business miles), Caldwell (business miles), and Davenport (medical miles). You should prorate the miles, where half the miles should be attributed to the first half of the year, and half in the second half of the year. The printed AGI's for Janisch and Caldwell will be incorrect, since there is a higher mileage deduction on Schedule C for the second half of the year, impacting the net business profit. Answers will be updated after TaxSlayer is released.

This exercise explores a single senior who (1) delivers for DoorDash; (2) received tips as a self-employed individual; (3) took a business course to improve his accounting skills; (4) may qualify for an adjustment for Self-Employed Health Insurance (SEHI); and (5) needs to take a Required Minimum Distribution (RMD) from his IRA.

NTTC 4491 Training Guide can help you determine qualified business expenses.

Marek Janisch SSN: 588-00-XXXX Birthdate: 12/03/1953
Address: 14 Ashford Ct, YC, YS YZIP Phone: 815-625-4176

- The withdrawal from Teachers Federal Credit Union satisfies his RMD for 2026.
- He closed a non-qualified annuity with Horizon Life Insurance Co.
- **DoorDash**
 - 1099-NEC
 - An email documenting mileage on the DoorDash platform
 - Received additional cash tips of \$175 not reported to DoorDash (less than \$20/month)
 - Paid \$36.28 for an insulated bag for his deliveries
 - Paid \$115.76 for snacks and drinks he consumed while making deliveries
 - Paid \$540 for his cell phone – he estimates 50% of its use was business related
 - Paid \$180 for a business course at a local college – paid \$25 on eBay for the textbook
 - Paid \$16.22 for a ledger to record his business income and expenses
 - Put his only vehicle, a 2017 VW, into service on May 1, 2023 – 15,436 total miles in 2026
 - Paid \$468 for an insurance rider for his car
 - Did not pay any tolls doing deliveries, and he does not have a car loan
- Paid \$420 for supplemental Medicare insurance
- Made estimated payments on June 1: \$500 federal, \$100 state

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**20XX**

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

Box 1. Name

MAREK JANISCH

Box 2. Beneficiary's Social Security Number

588-00-XXXX

Box 3. Benefits Paid in 20XX

\$41,320.80

Box 4. Benefits Repaid to SSA in 20XX

Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4)

\$41,320.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit \$35,994.00

Medicare Part B premiums deducted
from your benefits \$2,434.80

Voluntary Federal Income Tax Withheld \$2,892.00

Total Additions \$5,326.80

Benefits for 20XX \$41,320.80

Benefits for 20XX-1

Benefits for 20XX-2

Benefits for 20XX-3

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld

\$2,892.00

Box 7. Address

MAREK JANISCH
14 ASHFORD CT
YC, YS YZIP

Box 8. Claim Number (use this number if you need to contact SSA)

588-00-XXXXA

☐ CORRECTED (if checked)																
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. TEACHERS FEDERAL CREDIT UNION 174 W PIKE RD YC, YS YZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 Gross distribution</td> <td style="text-align: right; padding: 2px;">\$15,628.62</td> </tr> <tr> <td style="padding: 2px;">2a Taxable amount</td> <td style="text-align: right; padding: 2px;">\$15,628.62</td> </tr> </table>		1 Gross distribution	\$15,628.62	2a Taxable amount	\$15,628.62	OMB No. 1545-0119 <div style="font-size: 24pt; font-weight: bold; text-align: center;">20XX</div> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					
1 Gross distribution	\$15,628.62															
2a Taxable amount	\$15,628.62															
PAYER'S TIN <div style="text-align: center;">35-2XXXXXX</div>			RECIPIENT'S TIN <div style="text-align: center;">588-00-XXXX</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2b Taxable amount not determined.</td> <td style="text-align: center; padding: 2px;">☒</td> <td style="padding: 2px;">Total Distribution</td> <td style="text-align: center; padding: 2px;">☐</td> </tr> </table>		2b Taxable amount not determined.	☒	Total Distribution	☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS					
2b Taxable amount not determined.	☒	Total Distribution	☐													
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">3 Capital gain (included in box 2a).</td> <td colspan="2" style="padding: 2px;">4 Federal income tax withheld</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right; padding: 2px;">\$1,563.00</td> </tr> </table>		3 Capital gain (included in box 2a).		4 Federal income tax withheld						\$1,563.00			
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5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities														
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7	☒		%													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">9a Your percentage of total distribution</td> <td style="padding: 2px;">%</td> </tr> </table>			9a Your percentage of total distribution	%	9b Total Employee Contributions											
9a Your percentage of total distribution	%															
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld <div style="text-align: right;">\$782.00</div>	15 State/Payer's state no. <div style="text-align: center;">YS 352XXXXXX</div>	16 State distribution <div style="text-align: right;">\$15,628.62</div>											
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution											
<div style="display: flex; justify-content: space-between;"> Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service </div>																

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. HORIZON LIFE INSURANCE CO PO BOX 2400 PROVIDENCE RI 02903-2400			1 Gross distribution \$5,000.00		OMB No. 1545-0119 20XX Form 1099-R
			2a Taxable amount \$5,000.00		
			2b Taxable amount not determined. ☐		Total Distribution ☒
PAYER'S TIN 68-52XXXXX		RECIPIENT'S TIN 588-00-XXXX		3 Capital gain (included in box 2a).	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP		4 Federal income tax withheld \$500.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
		5 Employee contributions/ Designated Roth contributions or insurance premiums			
		6 Net unrealized appreciation in employer's securities			
		7 Distribution Code(s) 7D			
		IRA/ SEP/ SIMPLE ☐		8 Other %	
9a Your percentage of total distribution %		9b Total Employee Contributions			
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
14 State tax withheld \$250.00		15 State/Payer's state no. YS 6852XXXXX		16 State distribution \$5,000.00	
Account number (see instructions)		13 Date of payment		17 Local tax withheld	
				18 Name of locality	
				19 Local distribution	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

☐ CORRECTED (if checked)

Only Copy A is non-fillable.

PAYER'S name DOORDASH INC					OMB No. 1545-0116 Form 1099-NEC (Rev. December 2026) For calendar year 20XX	
Street address 303 2ND STREET		Room or suite no. SUITE 800				
City or town SAN FRANCISCO		Telephone number				
State or province CA		Country	ZIP or foreign postal code 94107		1a Nonemployee compensation \$ 8,574.28	
PAYER'S TIN 46-2852392		RECIPIENT'S TIN 588-00-XXXX		1b Cash tips \$ 897.35		1c TTOC 804
RECIPIENT'S name MAREK JANISCH				1d Overtime compensation \$		
Street address 14 ASHFORD CT		Apt. no.		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
City or town YC				3 Excess golden parachute payments \$		
State or province YS		Country	ZIP or foreign postal code YZIP		4 Federal income tax withheld \$ 0.00	
Account number (see instructions)				5 State tax withheld \$ 0.00		6 State/Payer's state no.
						7 State income \$

**Nonemployee
Compensation**

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. 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.

Email from DoorDash:



Your 2026 Mileage Estimates

Tax season is officially here and we're providing Dashers with mileage estimates for reference while filing your taxes. Keep in mind that DoorDash cannot provide you tax advice. If you have any questions about your own taxes and what business-related expenses may be deductible, please consult a tax professional.

Here are your 2026 mileage estimates:

On delivery mileage (Calculated from when you accepted deliveries until you marked them complete. This estimate only includes offers you completed.)

6565.47 miles

Total Dash mileage (Calculated from when you start to dash until you end your dash. This estimate includes mileage traveled before, during, between, and after deliveries.)

7462.1 miles

Please note that these estimates only include mileage for dashes completed in cars.

☐ CORRECTED (if checked)			
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number HARPER COLLEGE 1 COLLEGE WAY YC, YS YZIP		1 Payments received for qualified tuition and related expenses \$180.00 2	OMB No. 1545-1574 20XX Form 1098-T
FILER'S employer identification no. 46-343XXXX	STUDENT'S TIN 588-00-XXXX	3	Tuition Statement Copy B For Student 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.
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code MAREK JANISCH 14 ASHFORD CT YC, YS YZIP		4 Adjustments made for a prior year	
		5 Scholarships or grants	
		6 Adjustments to scholarships or grants for a prior year	
Service Provider/Acct No. (see instr.)		7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. ☐	8 Checked if at least half-time student ☐
		9 Checked if a graduate student ☐	10 Ins. contract reimb./refund
Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service			

Marshall (A)

This exercise explores a working married couple, Todd and Sherry, with:

- Wages
- Military pension
- Gambling winnings
- Todd's high-deductible family health plan and his HSA account were for all 12 months⁹
- (A) HSA contributions through Todd's work
- (A) Todd contributed \$3,500 directly to his HSA in February 2027 for TY26
- (A) HSA distributions which were all for qualified medical expenses
- (A) Sherry contributed \$1,200 to her traditional IRA in March 2027 for TY26
- (A) New car purchased in 2025 with a loan
- (A) Itemized deductions:
 - Use zip code 60062 (Northbrook, IL) for sales tax calculator
 - Real estate tax is all property tax (does not include any non-deductible fees)
 - Educator expenses

Todd Marshall SSN: 489-00-XXXX BDATE: 05/12/1982 JOB TITLE: Forklift Operator

Sherry Marshall SSN: 490-00-XXXX BDATE: 11/14/1984 JOB TITLE: Teacher

ADDRESS: 12500 S Highway 68, YC, YS YZIP PHONE: 573-249-2010

Todd's IRS IP PIN: 689357

This exercise incorporates the following 2026 tax law changes on Schedule A:

- Charitable contributions AGI reduction
- Private mortgage insurance
- Gambling losses 90% loss limitation
- Educator expense

See NTTC 4491 Tax Training Guide, Important Changes lesson for information on these items.

⁹ Review Health Savings Accounts (HSAs) in NTTC 4012 for general information and tax forms (e.g., Forms 5498-SA, 1099-SA, 8889 and W-2, Box 12, code W for payroll contributions through an employer plan).

		a. Employee's social security number 489-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 43-170XXXX				1. Wages, tips, other compensation \$73,790.00		2. Federal income tax withheld \$6,641.00			
				3. Social security wages \$78,500.00		4. Social security tax withheld \$4,867.00			
				5. Medicare wages and tips \$78,500.00		6. Medicare tax withheld \$1,138.25			
				7. Social security tips		8. Allocated tips			
c. Employer's name, address, and ZIP code EAGLE DISTRIBUTING 1200 OAK ST YC, YS YZIP									
d. Control number				9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code TODD MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP				11. Nonqualified plans		12a. See instructions for box 12 D \$4,710.00			
				13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☒ ☐		12b. W \$1,500.00			
				14. Other		12c. DD \$6,850.00			
						12d.			
15. State YS	Employer's state ID number 43170XXXX	16. State wages, tips, etc. \$73,790.00	17. State income tax 2,214.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.									

		a. Employee's social security number 490-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 56-210XXXX				1. Wages, tips, other compensation \$42,500.00		2. Federal income tax withheld \$3,825.00			
				3. Social security wages \$42,500.00		4. Social security tax withheld \$2,635.00			
				5. Medicare wages and tips \$42,500.00		6. Medicare tax withheld \$616.25			
				7. Social security tips		8. Allocated tips			
c. Employer's name, address, and ZIP code RICHWOODS ACADEMY 1700 FOREST LANE YC, YS YZIP									
d. Control number				9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code SHERRY MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP				11. Nonqualified plans		12a. See instructions for box 12			
				13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☐ ☐		12b.			
				14. Other		12c.			
						12d.			
15. State YS	Employer's state ID number 56210XXXX	16. State wages, tips, etc. \$42,500.00	17. State income tax 1,275.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.									

☐ CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIRED PAY 8899 E 56TH ST INDIANAPOLIS IN 46249-1200			1 Gross distribution <div style="text-align: right; font-weight: bold;">\$6,800.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount <div style="text-align: right; font-weight: bold;">\$6,800.00</div>				
			2b Taxable amount not determined. ☐		Total Distribution ☐		
PAYER'S TIN <div style="text-align: center;">34-0727612</div>	RECIPIENT'S TIN <div style="text-align: center;">490-00-XXXX</div>		3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$680.00</div>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code SHERRY MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) <div style="text-align: center;">7</div>	IRA/ SEP/ SIMPLE ☐	8 Other		%
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld		15 State/Payer's state no.		16 State distribution
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality	19 Local distribution
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service							

☐ CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WIN BIG CASINO 1000 WINNERS BLVD YC, YS YZIP			1. Reportable winnings <div style="text-align: right; font-weight: bold;">\$5,600.00</div>		2. Date won <div style="text-align: center;">06/12/20XX</div>		OMB No 1545-0238 Form W2-G Certain Gambling Winnings (Rev. December 2023) For calendar year <div style="font-size: 1.5em; font-weight: bold;">20XX</div>
			3. Type of wager SLOT MACHINE		4. Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$1,344.00</div>		
			5. Transaction		6. Race		
			7. Winnings from identical wagers		8. Cashier		
PAYER'S TIN <div style="text-align: center;">68-459XXXX</div>	PAYER'S Telephone number <div style="text-align: center;">800-777-1600</div>		9. WINNER'S TIN <div style="text-align: center;">489-00-XXXX</div>		10. Window		This information is being furnished to the IRS. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code TODD MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP			11. First identification no.		12. Second identification no.		
			13. State/Payer's state identification no. YS 721XXXXX		14. State Winnings <div style="text-align: right; font-weight: bold;">\$5,600.00</div>		
			15. State income tax withheld <div style="text-align: right; font-weight: bold;">\$280.00</div>		16. Local Winnings		
			17. Local income tax withheld		18. Name of locality		
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.							
Signature:				Date:			
Form W-2G							

☐ CORRECTED (if checked)					
TRUSTEE'S/PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and telephone no. OPTUM BANK PO BOX 30516 SALT LAKE CITY, UT 84130-0516		OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 20XX		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA	
PAYER'S TIN 47-0858534	RECIPIENT'S TIN 489-00-XXXX	1 Gross Distribution \$2,736.48	2 Earnings on excess cont. 		Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TODD MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP		3 Distribution Code 1	4 FMV on date of death 		
Account number (see instructions) 198762549		5 HSA ☒ Archer MSA ☐ MA MSA ☐			
Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service					

2727 ☐ VOID ☐ CORRECTED

TRUSTEE'S name OPTUM BANK				1 Employee's or self-employed person's Archer MSA contributions made in the calendar year and the subsequent year for the calendar year \$		OMB No. 1545-1518 Form 5498-SA (Rev. December 2026) For calendar year		HSA, Archer MSA, or Medicare Advantage MSA Information
Street address PO BOX 30516		Room/suite no. 		2 Total contributions made in the calendar year \$ 1500		Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099		
City/town SALT LAKE CITY	State/province UT	Country USA	ZIP/foreign code 81430-0516					
Telephone number: 				3 Total HSA or Archer MSA contributions made in the subsequent year for the calendar year \$ 3500				
TRUSTEE'S TIN 47-0858534		PARTICIPANT'S TIN 489-00-XXXX		4 Rollover contributions \$				5 Fair market value of HSA, Archer MSA, or MA MSA \$ 11240
PARTICIPANT'S name TODD MARSHALL				6 HSA ☒ Archer MSA ☐ MA MSA ☐				
Street address 12500 S HIGHWAY 63		Apt. no. 		Account number (see instructions) 1978762549				
City/town YC	State/province YS	Country USA	ZIP/foreign code YZIP					
Form 5498-SA (Rev. 12-2026) Created 9/18/25 Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service								

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name GM FINANCIAL				* Caution: The amount shown may not be fully deductible by you. Limits based on the amount of interest paid, your income, and the passenger vehicle may apply. Generally, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-2334 Form 1098-VLI (December 2026)	
Street address 801 CHERRY ST			Room/suite no.		For calendar year 20XX	
City/town FORT WORTH	State/province TX	Country USA	ZIP/foreign code 76102			
Telephone number: 800-888-XXXX					1 Vehicle loan interest received by lender*	
RECIPIENT'S/LENDER'S TIN 48-555XXXX		PAYER OF RECORD'S TIN 489-00-XXXX		\$ 808		
PAYER OF RECORD'S name TODD AND SHERRY MARSHALL				2a Year 2025	2b Make CADILLAC	
Street address 12500 S HIGHWAY 63			Apt. no.	2c Model CT5	2d VIN 1G6DS5RW4S0118882	
City/town YC	State/province YS	Country USA	ZIP/foreign code YZIP	3a Loan origination date 02/15/2025	3b Loan acquisition date 02/15/2025	
Account number (see instructions) 19356789152-Y3T4				4 Outstanding principal \$ 16222	5 Refund of overpaid interest \$	

Vehicle Loan Interest Statement

Copy B

For Payer of Record

This is important tax information and is being furnished to the IRS. 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 vehicle loan interest.

Form **1098-VLI** (12-2026)

(keep for your records)

www.irs.gov/Form1098VLI

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP of foreign postal code, and telephone no. GREENTREE MORTGAGE 1120 MAPLE ST YC, YS YZIP 800-888-1697				* 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.	OMB No. 1545-1380 Form 1098 (Rev. January, 2022)	
					For calendar Year 20XX	
1. Mortgage interest received from payer(s)/borrower(s) *				\$15,400.00		
RECIPIENT'S/LENDER'S TIN 98-168XXXX		PAYER'S/BORROWER'S TIN 489-00-XXXX		2. Outstanding mortgage principal \$242,100.00	3. Mortgage origination date 06/15/2015	
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code TODD AND SHERRY MARSHALL 12500 S HIGHWAY 63 YC, YS YZIP				4. Refund of overpaid interest	5. Mortgage insurance premiums \$2,484.00	
				6. Points paid on purchase of principal residence		
				7. ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
9. Number of properties securing the mortgage 1		10. Other REAL ESTATE TAXES \$7,800		8. Address or description of property securing mortgage		
Account number (see instructions) 427619384				11. Mortgage acquisition date		

Mortgage Interest Statement

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.

Form **1098**

(Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Itemized Deductions (Sch A) Worksheet

- ☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked: enter your totals below for each expense – we do not need the details. Please ask if you are unsure or have any questions.

Your name: Todd and Sherry Marshall

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
	\$
	\$
* For health, dental, vision, long-term care. Not paid pre-tax from paycheck. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$ 2,736
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over-the-counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles using own car	mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$ 5,350
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
Food Pantry (canned goods)	\$ 465
	\$
	\$
Charitable miles using own car	357 mi.

STATE/LOCAL TAXES	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$ Form 1098
Personal property (e.g. tax portion of car registration)	\$ 725
Other taxes paid (specify):	\$
	\$
INTEREST	
Home mortgage interest - on main home	\$ Form 1098
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$ Form 1098
Year loan originated	Yr: 2015
Other (specify): car loan interest (2025 purchase)	\$ Form 1098-VLI
OTHER:	
Gambling losses/expenses	\$ 6,300
Investment expenses (for state)	\$
Other (specify):	\$
Educator expenses	\$ 840

Classroom Exercises

Andrews – Single Senior Taxpayer

Thomas is a single taxpayer with no dependents. His four sources of income are the most common ones seen at our sites. As you can see in his Intake/Interview booklet on the next two pages, the taxpayer checked:

- Wages
- Social Security
- Retirement Income
- Interest

There are no entries marked on page 3 (expenses and tax related events) of the Intake/Interview booklet, so for brevity, it is not included below. Review the two included pages.

Although the taxpayer did not mark the dependent section at the bottom of page 1, the counselor should ask the taxpayer if anyone else lives with them, or if the taxpayer supports anyone. If yes, then the counselor determines dependency, and marks the gray boxes on the right.

Thomas Andrews SSN: 154-00-XXXX

Thomas brought in a check for deposit of his refund.

Tom Andrews
1907 Vine St
YC, YS YZIP

112
15-0000/0000

PAY TO THE
ORDER OF

\$

DOLLAR

ANYPLACE BANK
Anyplace, YS 00000

For

⑆0110000151 987 7712 3112

Form 13614-C (October 2025)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet	OMB Number 1545-1964												
You will need: <ul style="list-style-type: none"> Tax Information such as Forms W-2, 1099, 1098, 1095. 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 														
<ul style="list-style-type: none"> Complete pages 1-5 of this form. You are responsible for the information on your return. Provide complete and accurate information. If you have questions, ask the IRS-certified volunteer preparer. 														
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov														
Your first name THOMAS	M.I.	Last name ANDREWS												
Spouse's first name	M.I.	Last name												
Your date of birth 08/01/1954		Your job title CUSTOMER SERVICE												
Spouse's date of birth		Spouse's job title												
Mailing address 1907 VINE STREET	Apt #	City YC												
State YS	ZIP code YZIP													
Your telephone number 555-876-4392	Spouse's telephone number	Email address (optional) TOMAND@EMAIL.XXX												
Did you live or work in two or more states in 2025 ☐ Yes ☒ No														
Can anyone else claim you or your spouse on their tax return														
Check if you or your spouse were in 2025:														
A U.S. citizen	☒ You ☐ Spouse ☐ No	Legally blind ☐ Yes ☐ No												
In the U.S. on a visa	☐ You ☐ Spouse ☒ No	Totally and permanently disabled ☐ Yes ☐ No												
A full-time student	☐ You ☐ Spouse ☒ No	Issued an identity protection PIN (IPPIN) ☐ Yes ☐ No												
		Owners or holders of any digital assets ☐ Yes ☐ No												
If due a refund, how would you like your refund		If you have a balance due, how would you like to make your payment												
☒ Direct deposit ☐ Check by mail		☐ Bank account ☐ IRS.gov Direct Pay												
☐ Split refund between accounts ☐ Other _____		☐ Set up installment agreement ☒ Mail payment to IRS												
Would you like to receive written communications from the IRS in a language other than English ☐ Yes ☐ Spouse ☒ No														
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund ☐ Yes ☐ Spouse ☒ No														
As of December 31, 2025, what was your marital status														
☐ Never Married ☐ Married If married, were you married on the last day of the year ☐ Yes ☐ No														
Did you and your spouse live apart all of the last 6 months of the year ☐ Yes ☐ No														
☐ Divorced ☐ Legally Separated but not Divorced ☒ Widowed														
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 2019														
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.										To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☒ (B) Wages as a part-time or full-time employee How many jobs <u>1</u>	☐ (B) W-2s # _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☒ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____ ☐ (A) Qualified Charitable Distribution From 1099-R \$ _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # _____	
☒ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # _____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense \$ _____	
☐ Income from renting personal property such as a vehicle		
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # _____ ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Other income reported elsewhere ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

a. Employee's social security number 154-00-XXXX		Save, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 58-698XXXX		1. Wages, tips, other compensation \$4,081.00		2. Federal income tax withheld \$408.00	
c. Employer's name, address, and ZIP code FRIENDLY GARDEN CENTER 101 GARDEN WAY YC, YS YZIP		3. Social security wages \$4,081.00		4. Social security tax withheld \$253.02	
		5. Medicare wages and tips \$4,081.00		6. Medicare tax withheld \$59.17	
		7. Social security tips		8. Allocated tips	
d. Control number		9.		10. Dependant care benefits	
e. Employee's first name and initial Employee's address and ZIP code THOMAS ANDREWS 1907 VINE STREET YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12	
		13. Statutory Employee ☐ Retirement Plan ☐ Third-party sick pay ☐		12b.	
		14. Other		12c.	
				12d.	
15. State YS	Employer's state ID number 58698XX	16. State wages, tips, etc. \$4,081.00	17. State income tax 160.00	18. Local wages, tips, etc.	19. Local income tax
20. Locality name					
Form W-2 Wage and Tax Statement 20XX Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.					

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
20XX ○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ○ SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name THOMAS ANDREWS		Box 2. Beneficiary's Social Security Number 154-00-XXXX	
Box 3. Benefits Paid in 20XX \$18,765.00	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$18,765.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$15,965.00 Medicare Part B premiums deducted from your benefits \$2,435.00 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$365.00 Total Additions \$2,800.00 Benefits for 20XX \$18,765.00		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address THOMAS ANDREWS 1907 VINE STREET YC, YS, YZIP Box 8. Claim Number (use this number if you need to contact SSA) 154-00-XXXXA	

Form **SSA-1099-SM**

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. MASS MUTUAL 1238 REVERE WAY STONEHAM, MA 02180		1 Gross distribution <div style="text-align: right;">\$15,321.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	
		2a Taxable amount <div style="text-align: right;">\$15,321.00</div>			
PAYER'S TIN <div style="text-align: center;">04-123XXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">154-00-XXXX</div>		2b Taxable amount not determined. ☒	
				Total Distribution ☐	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code THOMAS ANDREWS 1907 VINE STREET YC, YS YZIP		3 Capital gain (included in box 2a).		4 Federal income tax withheld <div style="text-align: right;">\$750.00</div>	
		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		7 Distribution Code(s) <div style="text-align: center;">7</div>		IRA/ SEP/ SIMPLE ☒	
9a Your percentage of total distribution <div style="text-align: center;">%</div>		8 Other <div style="text-align: center;">%</div>			
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)		13 Date of payment		14 State tax withheld	
				15 State/Payer's state no.	
Account number (see instructions)		17 Local tax withheld		18 Name of locality	
				19 Local distribution	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHASE BANK 135 SUNNY ST YC, YS, YZIP		Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January, 2022) For calendar Year 20XX	
PAYER'S TIN <div style="text-align: center;">13-9XXXXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">154-00-XXXX</div>		2 Early withdrawal penalty	
				3 Interest on US Savings Bonds and Treas. obligations <div style="text-align: right;">\$250.00</div>	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code THOMAS ANDREWS 1907 VINE STREET YC, YS, YZIP		4 Federal income tax withheld		Interest Income Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported	
		5 Investment expenses			
		6 Foreign Tax Paid			
		7 Foreign Country or US possession			
FATCA filing requirement ☐		8 Tax exempt interest		9 Specified private activity bond interest	
		10 Market Discount			
Account number (see instructions)		12 Bond premium on Treasury obligations		11 Bond Premium	
		13 Bond Premium on tax-exempt bond			
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	
				16 State Identification no.	
Account number (see instructions)		17 State tax withheld		17 State tax withheld	
				17 State tax withheld	
Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service					

Baker – Single Working Parent

Tiana is a single taxpayer who is a working parent. She has full custody of her daughter, Mary Thomas, who lived with her all year. Review the Intake/Interview booklet on the following three pages.

- Tiana provides all of Mary's support. Tiana pays the full cost of maintaining her home.
- Tiana has two W-2s.
 - Her W-2 from her nursing assistant job with qualified overtime.
 - Her W-2 from part time work at a coffee shop with qualified tips.
- Tiana received \$600 in unemployment pay. She did not receive a 1099-G by mail but was able to pull it up on her phone.
- Tiana has gambling winnings. **
- Tiana has student loan interest.
- Tiana paid for childcare for Mary so she could work. **
- Tiana has marketplace insurance.
- Tiana made \$625 tax-deductible charitable contributions by check. **
- Tiana has a check and wants direct deposit if there is a refund.

Social Security Numbers: Tiana Baker 012-00-XXXX Mary Thomas 212-00-XXXX

** *Tax law changes in TY26*

Tiana Baker
17 Beach Blvd
YC, YS YZIP

1128
15-0000/0000

PAY TO THE
ORDER OF

\$

DOLLAR

ANYPLACE BANK
Anyplace, YS 00000

For

VOID

⑆ 1 2 2 1 0 0 0 2 4 ⑆ 0 9 9 9 9 1 8 6 2 8 3 ⑆ 1 1 2 8

Form 13614-C (October 2025)		Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet								OMB Number 1545-1964				
You will need: <ul style="list-style-type: none">• Tax Information such as Forms W-2, 1099, 1098, 1095.• 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										<ul style="list-style-type: none">• Complete pages 1-5 of this form.• You are responsible for the information on your return. Provide complete and accurate information.• If you have questions, ask the IRS-certified volunteer preparer.				
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov														
Your first name TIANA			M.I.		Last name BAKER			Your date of birth 06/15/1988		Your job title NURSING ASSISTANT				
Spouse's first name			M.I.		Last name			Spouse's date of birth		Spouse's job title				
Mailing address 17 BEACH BLVD					Apt # 18	City YC			State YS		ZIP code YZIP			
Your telephone number 201-555-5555			Spouse's telephone number			Email address (optional)			Did you live or work in two or more states in 2025 ☐ Yes ☒ No					
Can anyone else claim you or your spouse on their tax return ☐ Yes ☒ No														
Check if you or your spouse were in 2025:														
A U.S. citizen			☒ You ☐ Spouse ☐ No			Legally blind			☐ You ☐ Spouse ☒ No					
In the U.S. on a visa			☐ You ☐ Spouse ☒ No			Totally and permanently disabled			☐ You ☐ Spouse ☒ No					
A full-time student			☐ You ☐ Spouse ☒ No			Issued an identity protection PIN (IPPIN)			☐ You ☐ Spouse ☒ No					
						Owners or holders of any digital assets			☐ You ☐ Spouse ☒ No					
If due a refund, how would you like your refund							If you have a balance due, how would you like to make your payment							
☒ Direct deposit			☐ Check by mail				☐ Bank account			☐ IRS.gov Direct Pay				
☐ Split refund between accounts			☐ Other _____				☐ Set up installment agreement			☒ Mail payment to IRS				
Would you like to receive written communications from the IRS in a language other than English							☐ You ☐ Spouse ☒ No							
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund							☐ You ☐ Spouse ☒ No							
As of December 31, 2025, what was your marital status														
☐ Never Married			☐ Married			If married, were you married on the last day of the year				☐ Yes ☐ No				
						Did you and your spouse live apart all of the last 6 months of the year				☐ Yes ☐ No				
☒ Divorced			☐ Legally Separated but not Divorced							☐ Widowed				
Date of final decree 12/03/2020			Date of separate maintenance decree _____							Year of spouse's death _____				
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
MARY THOMAS	09/14/2018	DAUGHTER	12	S	Y	Y	Y	N	N					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☒ (B) Wages as a part-time or full-time employee How many jobs <u>2</u>	☐ (B) W-2s # _____	
☒ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____ ☐ (A) Qualified Charitable Distribution From 1099-R \$ _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # _____	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☒ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # _____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense \$ _____	
☐ Income from renting personal property such as a vehicle		
☒ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # _____ ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Other income reported elsewhere ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # _____	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☒ (A) Charitable contributions		
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☒ (B) Student loan interest	☐ (B) 1098-E	
☒ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☒ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction \$ _____	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income ☐ Yes ☐ No	
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☒ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Other (example: purchased a new vehicle, etc.)	☐ VIN # _____	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes	☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ Last year's return available	
☒ Brought last year's return		

22222		a Employee's social security number 012-00-XXXX		OMB No. 1545-0029	
b Employer identification number (EIN) 89-6711111			1 Wages, tips, other compensation \$38,189.00		2 Federal income tax withheld \$3,823.00
c Employer's name, address, and ZIP code BAPTIST MEDICAL CENTER PO BOX 6700 INDIANAPOLIS, IN 46204			3 Social security wages \$40,189.00		4 Social security tax withheld \$2,491.72
			5 Medicare wages and tips \$40,189.00		6 Medicare tax withheld \$582.74
			7 Social security tips		8 Allocated tips
d Control number 76209886			9		10 Dependent care benefits
e Employee's first name and initial TIANA 17 BEACH BLVD APT 18 YC, YS YZIP Last name BAKER Suff.			11 Nonqualified plans		12a D \$2,000.00
			13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b TT \$290.00
			14a Other		12c
			14b Treasury Tipped Occupation Code(s)		12d
f Employee's address and ZIP code					
15 State YS	Employer's state ID number 896711111	16 State wages, tips, etc. \$38,189.00	17 State income tax \$2,100.00	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2** Wage and Tax Statement

2026

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 012-00-XXXX		OMB No. 1545-0029	
b Employer identification number (EIN) 35-8811111			1 Wages, tips, other compensation \$2,958.00		2 Federal income tax withheld \$185.00
c Employer's name, address, and ZIP code MORNING BREW 200 VENTURA BLVD AURORA, CO 80013			3 Social security wages \$2,483.00		4 Social security tax withheld \$183.40
			5 Medicare wages and tips \$2,958.00		6 Medicare tax withheld \$42.89
			7 Social security tips \$475.00		8 Allocated tips
d Control number 73909886			9		10 Dependent care benefits
e Employee's first name and initial TIANA 17 BEACH BLVD APT 18 YC, YS YZIP Last name BAKER Suff.			11 Nonqualified plans		12a TP \$475.00
			13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b
			14a Other		12c
			14b Treasury Tipped Occupation Code(s)		12d
			102		
f Employee's address and ZIP code					
15 State YS	Employer's state ID number 358001111	16 State wages, tips, etc. \$2,958.00	17 State income tax \$147.90	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2** Wage and Tax Statement

2026

Department of the Treasury—Internal Revenue Service

☐ CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. STATE UNEMPLOYMENT OFFICE 5 LASALLE ST YC, YS, YZIP		1 Unemployment compensation <div style="text-align: center; font-weight: bold;">\$600.00</div>	<div style="text-align: right;">OMB No. 1545-0120</div> <div style="text-align: center;">Form 1099-G</div> <div style="text-align: center;">(Rev. January, 2022)</div> <div style="text-align: center;">For calendar Year 20 XX</div>
PAYER'S TIN <div style="text-align: center;">22-2481818</div>		2 State or local income tax refunds, credits or offsets	
		3. Box 2 amount is for tax year	
RECIPIENT'S TIN <div style="text-align: center;">012-00-XXXX</div>		4 Federal income tax withheld	
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code TIANA BAKER 17 BEACH BLVD, APT 18 YC, YS, YZIP		5 RTAA payments	
		6 Taxable grants	
		7 Agriculture payments	
Account number (see instructions) 		8 If checked, box 2 is trade or business income ☐	
		9 Market gain	
		10a State	
		10b State identification no.	
		11 State income tax withheld	

Certain Government Payments

Copy B For Recipient
This is important tax information and is being furnished to the IRS. 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.

Form **1099-G** (Rev. 1-2022) (keep for your records)
www.irs.gov/Form1099G
Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE LOTTERY COMMISSION PO BOX 1968 YC YS YZIP		1. Reportable winnings <div style="text-align: center; font-weight: bold;">\$1,000.00</div>	2. Date won <div style="text-align: center;">08/15/20XX</div>
PAYER'S TIN <div style="text-align: center;">88-1XXXXXX</div>		3. Type of wager <div style="text-align: center;">SLOTS</div>	
		4. Federal income tax withheld <div style="text-align: center;">\$100.00</div>	
PAYER'S Telephone number <div style="text-align: center;">804-564-1356</div>		5. Transaction	
		6. Race	
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code TIANA BAKER 17 BEACH BLVD, APT 18 YC, YS, YZIP		7. Winnings from identical wagers	
		8. Cashier	
		9. WINNER'S TIN <div style="text-align: center;">012-00-XXXX</div>	
		10. Window	
		11. First identification no.	
		12. Second identification no.	
		13. State/Payer's state identification no. <div style="text-align: center;">YS 14-1XXXXXX</div>	
		14. State Winnings <div style="text-align: center;">\$1,000.00</div>	
		15. State income tax withheld <div style="text-align: center;">\$60.00</div>	
		16. Local Winnings	
		17. Local income tax withheld	
		18. Name of locality	

Form W2-G
Certain Gambling Winnings
(Rov. December 2023)
For calendar year
20 XX

This information is being furnished to the IRS.

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

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

Signature:
Date:

Form **W-2G**

☐ CORRECTED (if checked)		OMB No. 1545-1576 <div style="font-size: 2em; font-weight: bold; text-align: center;">20XX</div> Form 1098-E		Student Loan Interest Statement	
RECIPIENT'S/LENDER'S name street address city or town, state or province, country, ZIP or foreign postal code and telephone number PEOPLES FEDERAL BANK PO BOX 54321 SAN DIEGO, CA 92109					
RECIPIENT'S TIN 13-6XXXXXX	BORROWER'S TIN 012-00-XXXX	1 Student loan interest received by lender <div style="text-align: center; font-weight: bold;">\$550.00</div>		Copy B For Borrower This important tax information and is being furnished to the IRS. 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 student loan interest.	
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code TIANA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 ☐			
Account number (see instructions)					
Form 1098-E (keep for your records) www.irs.gov/Form109E Department of the Treasury - Internal Revenue Service					

R E C E I P T	CLARK COUNTY AFTER SCHOOL PROGRAM 14 LEARNING WAY YC, YS YZIP					EIN 56-2XXXXXX
	DESCRIPTION:	AFTER SCHOOL DAY CARE FOR MARY THOMAS				\$1,800
	RECEIVED FROM:	Tiana Baker				
	DATES:	JAN 1 - DEC 31 20XX				
	Prepared by:	Linda Johnson				

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Do not attach to your tax return. Keep for your records. > Go to www.irs.gov/Form1095A for instructions and the latest information.	OMB No. 1545-2232 <div style="text-align: center; font-size: 2em; font-weight: bold;">20XX</div>		
<div style="background-color: #f2f2f2; padding: 2px;">Part I Recipient Information</div>				
1 Marketplace Identifier 12-0002XXX	2 Marketplace-assigned policy number 53869	3 Policy issuer's name METLIFE		
4 Recipient's name TIANA BAKER	5 Recipient's SSN 012-00-XXXX	6 Recipient's date of birth 06/15/1988		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 01/01/20XX	11 Policy termination date 12/31/20XX	12 Street address (including apartment number) 17 BEACH BLVD APT 18		
13 City or town, State or province, Country and ZIP or foreign postal code YC, YS, YZIP				
<div style="background-color: #f2f2f2; padding: 2px;">Part II Covered Individuals</div>				
A Covered individual name	B Covered individual SSN	C. Date of birth	D. Coverage start date	E. Coverage termination date
16 TIANA BAKER	012-00-XXXX	06/15/1988	01/01/20XX	12/31/20XX
17 MARY THOMAS	212-00-XXXX	09/14/2018	01/01/20XX	12/31/20XX
18				
19				
20				
<div style="background-color: #f2f2f2; padding: 2px;">Part III Coverage Information</div>				
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January	\$277.85	\$356.12	\$200.00	
22 February	\$277.85	\$356.12	\$200.00	
23 March	\$277.85	\$356.12	\$200.00	
24 April	\$277.85	\$356.12	\$200.00	
25 May	\$277.85	\$356.12	\$200.00	
26 June	\$277.85	\$356.12	\$200.00	
27 July	\$277.85	\$356.12	\$200.00	
28 August	\$277.85	\$356.12	\$200.00	
29 September	\$277.85	\$356.12	\$200.00	
30 October	\$277.85	\$356.12	\$200.00	
31 November	\$277.85	\$356.12	\$200.00	
32 December	\$277.85	\$356.12	\$200.00	
33 Annual Totals	\$3,334.20	\$4,273.44	\$2,400.00	
Form: 1095-A				

Caldwell – Married Working Taxpayers

Errata:

8/3/2026. The mileage rate for Schedule C business miles and Schedule A medical miles increased as of 7/1/2026. This impacts: Fitzgerald (medical miles), Janisch (business miles), Caldwell (business miles), and Davenport (medical miles). You should prorate the miles, where half the miles should be attributed to the first half of the year, and half in the second half of the year. The printed AGI's for Janisch and Caldwell will be incorrect, since there is a higher mileage deduction on Schedule C for the second half of the year, impacting the net business profit. Answers will be updated after TaxSlayer is released.

Ray and Mallory are a married working couple with a child who attends college and a parent who resides with them. They have several sources of income, including self-employment and an early distribution from an IRA. Multiple credits and adjustments to income apply to their situation.

Review the first page of the Intake/Interview Booklet. For brevity, pages 2 and 3 are summarized as follows:

On page 2 of the Intake Booklet, checked are:

- Wages
- Dividends
- Retirement account, pension or annuity proceeds
- Refund of state or local income tax
- Payments for contract or self-employment work
- Any other money received during the year

On page 3 of the Intake Booklet, checked are:

- Paid any of the following expenses (medical, dental, prescription expenses, etc.)
- Contributions to a retirement account
- School supplies by a teacher, teacher's aide, or other educator **
- You or someone in your family took educational classes
- Have a health savings account (HSA)
- Made estimated payments

Ray M Caldwell SSN: 013-00-XXXX
Jason Caldwell SSN: 213-00-XXXX

Mallory S Hughes SSN: 113-00-XXXX
Nancy Hughes SSN: 313-00-XXXX

- Mallory's mother Nancy moved in with them in February. Nancy withdrew \$2,500 from her IRA last year as her only income. Ray and Mallory provide more than 50% of her support.
- Their son Jason is a full-time student. He lives in a dorm on campus during the school year and lives at home the rest of the year. He earned \$2,150 last summer.
- The Caldwells received a state income tax refund of \$358, but they did not itemize deductions on their last year's return.
- The ordinary dividends received from Ace Financial include \$75 in US obligations. Of the exempt-interest dividends in Box 12, \$45 are from other states.

- Mallory supplements the family income as a costumed storyteller. She visits a local daycare center twice a month and performs at children's parties. See the Schedule C worksheet.
- Mallory received \$4,500 in additional check payments.
- Mallory paid a federal estimated tax payment of \$700.00 on June 13, 20XX.
- Review Mallory's eligibility for the Self-Employed Health Insurance deduction.
- Ray received a \$200 award for his support of youth sports.
- Ray is a full-time 10th grade biology teacher. He spent \$800 for supplies for his classroom and students. **
- The Caldwells had property taxes of \$4,700. They paid mortgage interest of \$12,652 and made \$765 in charitable donations of clothes and household goods to Goodwill. Ray also has additional educator expenses beyond the \$350 allowed as an above-the-line deduction.
- Ray checked "Have a health savings account (HSA)." He has a family high deductible health plan. He accesses his Form 1099-SA on his phone. He had a distribution of \$2,250.61, all of which was for qualified medical expenses.
- The Caldwells purchased a new vehicle primarily for personal use in July 2025. You may use the NHTSA Vin decoder to verify whether their new vehicle loan qualifies them for a deduction of interest. Mallory did not use the new vehicle for business purposes.
- Jason is in his sophomore year in college pursuing a degree in management, he has never been convicted of a crime. The scholarship is restricted to tuition. They reported the following expenses:
 - Room and board – \$7,300
 - Athletic fee (voluntary fee for priority seating in stadium) – \$100
 - Textbooks purchased online – \$275
- They provide you with a check for direct deposit/direct debit.

** *Tax law changes in TY26*

Form 13614-C (October 2025)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet										OMB Number 1545-1964			
You will need: <ul style="list-style-type: none">• Tax Information such as Forms W-2, 1099, 1098, 1095.• 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												<ul style="list-style-type: none">• Complete pages 1-5 of this form.• You are responsible for the information on your return. Provide complete and accurate information.• If you have questions, ask the IRS-certified volunteer preparer.		
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov														
Your first name RAY		M.I. M	Last name CALDWELL			Your date of birth 03/15/1978		Your job title TEACHER						
Spouse's first name MALLORY		M.I. S	Last name HUGHES			Spouse's date of birth 06/24/1980		Spouse's job title STORYTELLER						
Mailing address 6744 NORTH ELM				Apt #	City YC			State YS		ZIP code YZIP				
Your telephone number 627-555-3807		Spouse's telephone number		Email address (optional) RAYCALDWELL@EMAIL.COM				Did you live or work in two or more states in 2025 ☐ Yes ☒ No						
Can anyone else claim you or your spouse on their tax return												☐ Yes ☒ No		
Check if you or your spouse were in 2025:														
A U.S. citizen		☒ You	☒ Spouse	☐ No	Legally blind		☐ You	☐ Spouse	☒ No					
In the U.S. on a visa		☐ You	☐ Spouse	☒ No	Totally and permanently disabled		☐ You	☐ Spouse	☒ No					
A full-time student		☐ You	☐ Spouse	☒ No	Issued an identity protection PIN (IPPIN)		☐ You	☐ Spouse	☒ No					
					Owners or holders of any digital assets		☐ You	☐ Spouse	☒ No					
If due a refund , how would you like your refund						If you have a balance due , how would you like to make your payment								
☒ Direct deposit		☐ Check by mail				☒ Bank account		☐ IRS.gov Direct Pay						
☐ Split refund between accounts		☐ Other _____				☐ Set up installment agreement		☐ Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English						☐ You ☐ Spouse ☒ No								
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund						☐ You ☐ Spouse ☒ No								
As of December 31, 2025, what was your marital status														
☐ Never Married		☒ Married		If married, were you married on the last day of the year				☒ Yes ☐ No						
				Did you and your spouse live apart all of the last 6 months of the year				☐ Yes ☒ No						
☐ Divorced		☐ Legally Separated but not Divorced		☐ Widowed										
Date of final decree _____		Date of separate maintenance decree _____		Year of spouse's death _____										
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.						Answer Yes or No (Y/N)				To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
JASON CALDWELL	05/16/2005	SON	4	S	Y	Y	Y	N	N					
NANCY HUGHES	02/27/1950	MOTHER	11	S	Y	Y	N	N	N					

		a. Employee's social security number 013-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
				OMB No. 1545-0008					
b. Employer identification number (EIN) 45-923XXXX				1. Wages, tips, other compensation \$41,800.00		2. Federal income tax withheld \$3,400.00			
				3. Social security wages \$42,800.00		4. Social security tax withheld \$2,653.60			
c. Employer's name, address, and ZIP code CARSON COUNTY SCHOOL DISTRICT 34 WEST PINE CIR YC, YS YZIP				5. Medicare wages and tips \$42,800.00		6. Medicare tax withheld \$620.60			
				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 RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP				11. Nonqualified plans		12a. See instructions for box 12 E \$1,000.00			
				13. Statutory Employee Retirement Plan Third-party sick pay ☐ ☒ ☐		12b. DD \$8,956.00			
				14. Other		12c. C \$98.00			
						12d. W \$1,500.00			
15. State YS	Employer's state ID number 45923XXXX	16. State wages, tips, etc. \$41,800.00	17. State income tax 900.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

Form **W-2** Wage and Tax Statement 20XX

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)								
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ACE FINANCIAL CORP 714 S MAIN ST CHERRYVILLE NC 28201			1 Total Ordinary Dividends \$413.61		OMB No. 1545-0110 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-DIV	Dividends and Distributions Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
			1b Qualified Dividends \$267.50					
			2a Total capital gain distr. \$187.90					
2b Unrecap. Sec. 1250 gain								
2c Section 1202 gain		2d Collectables (28%) gain						
2e Section 897 ordinary dividends		2f Section 897 capital gain						
PAYER'S TIN 72-6XXXXXX			2e Section 897 ordinary dividends		2f Section 897 capital gain			
			3 Nondividend distributions \$52.00		4 Federal income tax withheld			
			5 Section 199A dividends		6 Investment expenses			
			7 Foreign Tax Paid \$13.87		8 Foreign Country or US possession			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP			9 Cash liquidation distributions		10 Noncash liquidation distribution			
			11 FATCA filing requirement ☐		12 Exempt-Interest dividends \$200.16		13 Specified private activity bond interest dividends	
			14 State tax withheld					
Account number (see instructions) 87230976			15 State	14 State Identification no.	15 State tax withheld			
Form 1099-DIV								

☐ CORRECTED (if checked)															
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. LIBERTY TRUST CORP PO BOX 1697 FAIRVIEW KY 42221			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Gross distribution \$3,000.00</td> <td style="width: 50%; padding: 2px;">OMB No. 1545-0119</td> </tr> <tr> <td style="padding: 2px;">2a Taxable amount \$3,000.00</td> <td style="text-align: center; padding: 2px;"> <div style="font-size: 24pt; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 2b Taxable amount not determined. ☒ </td> </tr> </table>		1 Gross distribution \$3,000.00	OMB No. 1545-0119	2a Taxable amount \$3,000.00	<div style="font-size: 24pt; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div>	2b Taxable amount not determined. ☒		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
1 Gross distribution \$3,000.00	OMB No. 1545-0119														
2a Taxable amount \$3,000.00	<div style="font-size: 24pt; font-weight: bold;">20XX</div> <div style="font-weight: bold;">Form 1099-R</div>														
2b Taxable amount not determined. ☒															
PAYER'S TIN 63-2XXXXXX		RECIPIENT'S TIN 013-00-XXXX		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">3 Capital gain (included in box 2a).</td> <td style="width: 50%; padding: 2px;">4 Federal income tax withheld \$250.00</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5 Employee contributions/ Designated Roth contributions or insurance premiums</td> </tr> <tr> <td style="padding: 2px;">7 Distribution Code(s) 1</td> <td style="padding: 2px;"> IRA/ SEP/ SIMPLE ☒ 8 Other _____ % </td> </tr> <tr> <td colspan="2" style="padding: 2px;">9a Your percentage of total distribution %</td> </tr> <tr> <td colspan="2" style="padding: 2px;">9b Total Employee Contributions</td> </tr> </table>		3 Capital gain (included in box 2a).	4 Federal income tax withheld \$250.00	5 Employee contributions/ Designated Roth contributions or insurance premiums		7 Distribution Code(s) 1	IRA/ SEP/ SIMPLE ☒ 8 Other _____ %	9a Your percentage of total distribution %		9b Total Employee Contributions	
3 Capital gain (included in box 2a).	4 Federal income tax withheld \$250.00														
5 Employee contributions/ Designated Roth contributions or insurance premiums															
7 Distribution Code(s) 1	IRA/ SEP/ SIMPLE ☒ 8 Other _____ %														
9a Your percentage of total distribution %															
9b Total Employee Contributions															
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM YC, YS YZIP			Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10 Amount allocable to IRR within 5 years</td> <td style="width: 25%; padding: 2px;">11 1st year of desig. Roth contrib.</td> <td style="width: 25%; padding: 2px;">12 FATCA filing requirement ☐</td> <td style="width: 25%; padding: 2px;">14 State tax withheld</td> <td style="width: 25%; padding: 2px;">15 State/Payer's state no.</td> <td style="width: 25%; padding: 2px;">16 State distribution</td> </tr> </table>						10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld	15 State/Payer's state no.	16 State distribution				
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐				14 State tax withheld	15 State/Payer's state no.	16 State distribution							
Account number (see instructions)						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">13 Date of payment</td> <td style="width: 25%; padding: 2px;">17 Local tax withheld</td> <td style="width: 25%; padding: 2px;">18 Name of locality</td> <td style="width: 25%; padding: 2px;">19 Local distribution</td> </tr> </table>			13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution			
13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution												
Form 1099-R (keep for your records)			www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service												

☐ CORRECTED (if checked)																	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ABC DAYCARE PO BOX 1009 SAN DIEGO CA 91909			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">OMB No. 1545-0116</td> <td style="width: 50%; padding: 2px;">Form 1099-NEC</td> </tr> <tr> <td colspan="2" style="padding: 2px;">(Rev. January, 2022)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For calendar Year 20XX</td> </tr> </table>		OMB No. 1545-0116	Form 1099-NEC	(Rev. January, 2022)		For calendar Year 20XX		Nonemployee Compensation						
OMB No. 1545-0116	Form 1099-NEC																
(Rev. January, 2022)																	
For calendar Year 20XX																	
PAYER'S TIN 74-9XXXXXX		RECIPIENT'S TIN 113-00-XXXX		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">1 Nonemployee compensation \$11,655.00</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3 _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">4 Federal income tax withheld</td> </tr> <tr> <td style="padding: 2px;">5 State tax withheld</td> <td style="padding: 2px;">6 State/Payer's state no.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">7 State income</td> </tr> </table>		1 Nonemployee compensation \$11,655.00		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		3 _____		4 Federal income tax withheld		5 State tax withheld	6 State/Payer's state no.	7 State income	
1 Nonemployee compensation \$11,655.00																	
2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐																	
3 _____																	
4 Federal income tax withheld																	
5 State tax withheld	6 State/Payer's state no.																
7 State income																	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MALLORY HUGHES 6744 ELM YC, YS, YZIP				Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.													
Account number (see instructions)																	
Form 1099-NEC (Rev. 1-2022) (keep for your records)				www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service													

Self-Employed (Sch C) Worksheet (type-in fillable)

(Complete a separate worksheet for each business)

Business owner's name: MALLORY HUGHES

- | | |
|--|---|
| ☐ I paid employees or other individuals | ☐ I want to deduct a home office |
| ☐ I had more than \$50,000 in business expenses | ☐ I received Form 1095-A for health coverage |
| ☐ I keep an inventory for my business | ☐ I need to report a business loss |
| ☐ I have assets to depreciate (any > \$2,500) | ☐ I have an LLC or other entity |

If you checked any of the above, please stop here and speak with one of our Counselors.

*If you checked none of the above, please continue by completing the worksheet below for **each** business.*

Income	
Forms 1099 (-NEC, -MISC, -K)	\$ 11,655
Cash, checks, etc. (incl tips)	\$ 4,500
<i>Use the tips worksheet if in a qualified occupation</i>	
Business expenses	
Advertising	\$ 250
Commissions and fees	\$
Business insurance	\$ 315
Interest on business loans	\$
Office expense/supplies	\$
Repairs	\$
Supplies	\$
Licenses or fees	\$ 175
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals	\$
Rent (not home office)	\$
Other (specify)	\$
costumes	\$ 1489.97
candy/prizes	\$ 245.89
books	\$ 161.17
	\$
	\$

Business use of car or truck	
Total mileage for the year	12,269 mi.
Business miles	340 mi.
Commuting miles	1,367 mi.
Other miles	10,562 mi.
Do you have another car (Y/N)	Y
Vehicle description: CAR	
Date placed in service: 3/23/2016	
Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

To be completed by the volunteer preparer:	
SEHI? Y / N _____ (see <i>NTTC 4012 Tab D</i>)	
Eligible for subsidized health coverage? Y / N _____	
Health insurance premiums	\$
Eligible for subsidized LTC coverage? Y / N _____	
LTC premiums (limited by age)	\$
Include after-tax health or long-term care insurance premiums for the business owner, spouse (if filing jointly), dependents, and child under age 27 (even if not a dependent) paid by owner (or spouse if filing jointly), include Medicare or Medigap.	

Drivers – be sure you have with you today:

- All Forms 1099 **AND** the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc.) – you need to download and print the detail from each company's web site.
- Your trip miles **AND** your between-trip miles (do not include from home to first stop nor from last stop to home).

☐ CORRECTED (if checked)				
TRUSTEE'S/PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and telephone no. HSA BANK 35 OAK LANE BOSTON MA 02134			OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 20XX	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 32-5XXXXXX	RECIPIENT'S TIN 013-00-XXXX	1 Gross Distribution \$2,250.61	2 Earnings on excess cont.	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY CALDWELL 6744 NORTH ELM YC, YS YZIP		3 Distribution Code 1	4 FMV on date of death	
		5 HSA ☒ Archer MSA ☐ MA MSA ☐		
Account number (see instructions) 42697854				Copy B For Recipient This information is being furnished to the IRS.
Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service				

☐ CORRECTED (if checked)						
RECIPIENT'S/LENDER'S name Ressler Honda				* Caution: The amount shown may not be fully deductible by you. Limits based on the amount of interest paid, your income, and the passenger vehicle may apply. Generally, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-2334 Form 1098-VLI (December 2026) For calendar year _____	Vehicle Loan Interest Statement
Street address 2230 Huffine Lane		Room/suite no.				
City/town YC	State/province YS	Country	ZIP/foreign code YZIP			
Telephone number:						
RECIPIENT'S/LENDER'S TIN 81-34XXXXX		PAYER OF RECORD'S TIN 013-00-XXXX		1 Vehicle loan interest received by lender* \$ 2135		Copy B For Payer of Record This is important tax information and is being furnished to the IRS. 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 vehicle loan interest.
PAYER OF RECORD'S name Ray Caldwell				2a Year 2025	2b Make HONDA	
Street address 6744 North Elm		Apt. no.		2c Model RIDGELINE	2d VIN 5FPYK3F58SB029050	
City/town YC	State/province YS	Country	ZIP/foreign code YZIP	3a Loan origination date 07/07/2025	3b Loan acquisition date 07/07/2025	
Account number (see instructions) 42976ZW				4 Outstanding principal \$ 31,333	5 Refund of overpaid interest \$	
Form 1098-VLI (12-2026) (keep for your records) www.irs.gov/Form1098VLI Department of the Treasury - Internal Revenue Service						

☐ CORRECTED (if checked)				Tuition Statement Form 1098-T
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number OAKLAND UNIVERSITY 677 OAKLAND BLVD COLUMBUS OH 43216		1 Payments received for qualified tuition and related expenses \$10,200.00 2	OMB No. 1545-1574 20XX	
FILER'S employer identification no. 10-8XXXXXX	STUDENT'S TIN 213-00-XXXX	3		
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code JASON CALDWELL 6744 NORTH ELM YC YS YZIP		4 Adjustments made for a prior year 6 Adjustments to scholarships or grants for a prior year	5 Scholarships or grants \$6,700.00 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 20XX+1. ☐	Copy B For Student 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.)	8. Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund	
Form 1098-T				

RAY CALDWELL MALLORY HUGHES 6744 NORTH ELM YC, YS YZIP	0213 15-0000/0000
PAY TO THE ORDER OF	\$
	DOLLARS
ANYPLACE BANK Anyplace, YS 00000	
For _____	_____
⑆065400137⑆ 00 2759 163⑆ 0213	

Davenport – Married Retired Civil Servant

Errata:

8/3/2026. The mileage rate for Schedule C business miles and Schedule A medical miles increased as of 7/1/2026. This impacts: Fitzgerald (medical miles), Janisch (business miles), Caldwell (business miles), and Davenport (medical miles). You should prorate the miles, where half the miles should be attributed to the first half of the year, and half in the second half of the year. The printed AGI's for Janisch and Caldwell will be incorrect, since there is a higher mileage deduction on Schedule C for the second half of the year, impacting the net business profit. Answers will be updated after TaxSlayer is released.

Michael and Sophia Davenport are a senior married couple. Michael is retired from a job as town treasurer. Key points from the Intake/Interview booklet and interview are summarized below.

On page 2 of the Intake Booklet, checked are:

- Retirement account, pension or annuity proceeds
- Social Security or Railroad Retirement Benefits
- Interest or dividends
- Sale of stocks, bonds or real estate

On page 3 of the Intake Booklet, all the boxes under itemized expenses are checked:

- Mortgage interest
- Taxes, state, local, real estate, sales, etc.
- Medical, dental, prescription expenses
- Charitable contributions **

Michael E Davenport SSN: 014-00-XXXX

Birthdate: 12/25/1950

Sophia Davenport SSN: 214-00-XXXX

Birthdate: 03/17/1954

167 HOLLAND AVE; YC YS YZIP

PH: 640-499-8710

- Sophia is legally blind.
- Sophia has an IP PIN 697329.
- Michael's withdrawal from United Financial Services satisfied his RMD.
- Michael received his first pension payment on May 1, 2013. He elected a joint and survivor pension.
- Michael inherited the IBM shares from his uncle who died on Sept 22, 2014. The stock price per share on that date was \$184.62.
- The Davenports have a short-term capital loss carryover of \$1,309.
- They paid property tax of \$450 on land where they plan to build a home.
- The Davenports provided a list of charitable contributions. **
- Mortgage Interest Statement Form 1098 has
 - Mortgage interest
 - Mortgage insurance premiums **
 - Property tax

**** Tax law changes in TY26**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
20XX ☐ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ☐ SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name MICHAEL E DAVENPORT		Box 2. Beneficiary's Social Security Number 014-00-XXXX
Box 3. Benefits Paid in 20XX \$15,762.80	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$15,762.80
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$11,927.80		
Medicare Part B premiums deducted from your benefits \$2,435.00		
Voluntary Federal Income Tax Withheld \$1,400.00		
Total Additions \$3,835.00		
Benefits for 20XX \$15,762.80		Box 6. Voluntary Federal Income Tax Withheld \$1,400.00
Benefits for 20XX-1		Box 7. Address MICHAEL E DAVENPORT 167 HOLLAND AVE YC,YS,YZIP
Benefits for 20XX-2		
Benefits for 20XX-3		Box 8. Claim Number (use this number if you need to contact SSA) 014-00-XXXXA

Form SSA-1099-SM

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20XX

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

Box 1. Name SOPHIA DAVENPORT		Box 2. Beneficiary's Social Security Number 214-00-XXXX
Box 3. Benefits Paid in 20XX \$10,714.80	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$10,714.80
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$8,279.80 Medicare Part B premiums deducted from your benefits \$2,435.00 Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions \$2,435.00 Benefits for 20XX \$10,714.80 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address SOPHIA DAVENPORT 167 HOLLAND AVE YC, YS, YZIP Box 8. Claim Number (use this number if you need to contact SSA) 214-00-XXXXA

Form **SSA-1099-SM**

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. UNITED FINANCIAL SERVICES PO BOX 3478 INDIANAPOLIS IN 46204			1 Gross distribution \$26,000.00	OMB No. 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$26,000.00	Total Distribution ☐	
			2b Taxable amount not determined. ☒	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
PAYER'S TIN 97-6XXXXXX	RECIPIENT'S TIN 014-00-XXXX		3 Capital gain (included in box 2a).	4 Federal income tax withheld \$2,600.00	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
			7 Distribution Code(s) 7	IRA/ SEP/ SIMPLE ☒	8 Other %
			9a Your percentage of total distribution %	9b Total Employee Contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$675.00	15 State/Payer's state no. YS 976XXX	16 State distribution \$26,000.00
Account number (see instructions)			13 Date of payment	17 Local tax withheld	18 Name of locality 19 Local distribution
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

☐ CORRECTED (if checked)									
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. MAYBERRY TOWNSHIP 7 MAIN ST YC, YS YZIP			<div style="border: 1px solid black; padding: 2px;"> 1 Gross distribution <div style="text-align: center; font-weight: bold;">\$30,567.00</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 2a Taxable amount </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 2b Taxable amount not determined. ☒ </div>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> OMB No. 1545-0119 <div style="font-size: 24pt; font-weight: bold;">20XX</div> Form 1099-R </div>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S TIN <div style="text-align: center;">21-8123465</div>		RECIPIENT'S TIN <div style="text-align: center;">014-00-XXXX</div>		<div style="border: 1px solid black; padding: 2px;"> 3 Capital gain (included in box 2a). </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$3,200.00</div> </div>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC, YS YZIP		<div style="border: 1px solid black; padding: 2px;"> 5 Employee contributions/ Designated Roth contributions or insurance premiums </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 6 Net unrealized appreciation in employer's securities </div>							
		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 45%;"> 7 Distribution Code(s) <div style="text-align: center;">7</div> </div> <div style="border: 1px solid black; padding: 2px; width: 45%;"> IRA/ SEP/ SIMPLE ☐ </div> </div>							
		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 45%;"> 8 Other <div style="text-align: center;">%</div> </div> <div style="border: 1px solid black; padding: 2px; width: 45%;"> 9b Total Employee Contributions <div style="text-align: right; font-weight: bold;">\$127,450.00</div> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 45%;"> 9a Your percentage of total distribution <div style="text-align: center;">%</div> </div> <div style="border: 1px solid black; padding: 2px; width: 45%;"> 9b Total Employee Contributions <div style="text-align: right; font-weight: bold;">\$127,450.00</div> </div> </div>		<div style="border: 1px solid black; padding: 2px;"> 10 Amount allocable to IRR within 5 years </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 11 1st year of desig. Roth contrib. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 12 FATCA filing requirement ☐ </div>		<div style="border: 1px solid black; padding: 2px;"> 14 State tax withheld <div style="text-align: right; font-weight: bold;">\$1,500.00</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 15 State/Payer's state no. <div style="text-align: center;">YS 218123465</div> </div>		<div style="border: 1px solid black; padding: 2px;"> 16 State distribution </div>			
<div style="border: 1px solid black; padding: 2px;"> Account number (see instructions) </div>		<div style="border: 1px solid black; padding: 2px;"> 13 Date of payment </div>		<div style="border: 1px solid black; padding: 2px;"> 17 Local tax withheld </div>		<div style="border: 1px solid black; padding: 2px;"> 18 Name of locality </div>		<div style="border: 1px solid black; padding: 2px;"> 19 Local distribution </div>	
<div style="display: flex; justify-content: space-between;"> Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service </div>									

20XX TAX REPORTING STATEMENT

SONIC BROKERAGE SERVICES LLC
PO BOX 1234
ALBUQUERQUE NM 87125-8019

Account Number: S12-123456
Customer Service: 800-555-1212
Recipient ID Number: 014-**-****
Payer's Fed ID Number: 04-3*****

MICHAEL & SOPHIA DAVENPORT
167 HOLLAND AVENUE
YOUR CITY, YOUR STATE, YOUR ZIP

Payer's Name and Address
STATE SERVICES LLC
123 IRVING BLVD
JERSEY CITY, NJ 07310

Form 1099-DIV

20XX Dividends and Distributions

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

1a Total ordinary dividends 2470.40
1b Qualified dividends 67.83
2a Total cap gain distributions 3,512.09
2b Unrecap. Sec 1250 gain 0.00
2c Section 1202 gains 0.00
2d Collectibles (28% gain) 0.00
2e Section 897 ordinary dividends 0.00
2f Section 897 capital gain 0.00
3 Nondividend distributions 0.00
4 Federal income tax withheld 0.00
5 Section 199A dividends 0.00

6 Investment expenses 0.00
7 Foreign tax paid 0.00
8 Foreign country or U.S. possession N/A
9 Cash liquidation distributions 0.00
10 Noncash liquidation distributions 0.00
11 FATCA filing requirement N/A
12 Exempt interest dividends 328.99
13 Specified private activity bond interest dividends 0.00
14 State N/A
15 State identification no N/A
16 State tax held 0.00

Form 1099-INT

20XX Interest Income

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

1 Interest income 43.13
2 Early withdrawal penalty 0.00
3 Interest on U.S. savings bonds and Treas. Obligations 50.00
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 N/A
8 Tax-exempt interest 0.00
9 Specified private activity bond interest 0.00

10. Market discount 0.00
11 Bond premium 0.00 #
12 Bond premium on U.S. Treasury obligations 0.00 #
13 Bond premium on tax-exempt bond 0.00 #
14 Tax-exempt and tax credit bond CUSIP no N/A
15 State N/A
16 State identification no N/A
17 State tax withheld 0.00

Box 10, Box 11, Box 12, and Box 13 contain amounts for covered securities only.

* 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.

SONIC BROKERAGE SERVICES LLC

MICHAEL & SOPHIA DAVENPORT

20XX TAX REPORTING STATEMENT

Account Number: S12-123456

Customer Service: 800-555-1212

Recipient ID Number: 014--******

Payer's Fed ID Number: 04-3*****

Form 1099-MISC

20XX Miscellaneous Income

**Copy B for Recipient
(OMB No. 1545-0115)**

2 Royalties	0.00	16 State tax withheld	0.00
3 Other income	0.00	17 State identification no	N/A
4 Federal income tax withheld.....	0.00	18 State income	0.00
8 Substitute payments in lieu of dividends or interest.....	0.00		

Summary of 20XX Original Issue Discount

1 Original issue discount for 20XX	0.00 **	8 Original issue discount on US Treasury obligations	0.00 **
2 Other periodic interest	0.00 **	9 Investment expenses.....	0.00 **
3 Early withdrawal penalty	0.00 **	10 Bond premium	0.00 **
4 Federal income tax withheld.....	0.00 **	11 Tax-exempt OID	0.00 **
5 Market discount.....	0.00 **	12 State	**
6 Acquisition premium	0.00 **	13 State/Payer's state no.....	**
		14 State tax withheld	0.00 **

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions

1099-B Section	Total Proceeds	Total Cost Basis	Total Market Discount	Total Wash Sales	Realized Gain/Lost	Federal Income Tax Withheld
Short-term transactions for which basis is reported to the IRS	41,200.06	52,482.02		139.00	-11,281.96	
Short-term transactions for which basis is not reported to the IRS						
Long-term transactions for which basis is reported to the IRS	26,327.32	23,771.86			2,555.46	
Long-term transactions for which basis is not reported to the IRS						
Transactions for which basis is not reported to the IRS and Term is Unknown						
	67,527.38	76,253.88			-8,726.50	

* 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.

SONIC BROKERAGE SERVICES LLC**20XX TAX REPORTING STATEMENT****MICHAEL & SOPHIA DAVENPORT****Account Number: S12-123456****Customer Service: 800-555-1212****Recipient ID Number: 014-**-********Payer's Fed ID Number: 04-3*********Potential State Tax Exclusions from Governmental Obligations**

Security Name	CUSIP	Income	Federal Obligations		Federal Home Loan Banks		Federal Farm Credit Banks	
			Percent of Income	Exclusion Amount	Percent of Income	Exclusion Amount	Percent of Income	Exclusion Amount
iShares 7-10 Yr Tr Bd	464287440	\$1,250.06	98.76%	\$1,234.56	0%	0	0%	0
Schwab Government Money Fund	808515209	\$234.20	36.20%	\$84.78	0%	0	0%	0
Vanguard Balanced Index Fund Investor	921931101	\$84.43	26.54%	\$22.31	0%	0	0%	0
Totals				\$1,341.75				
Total Income from exempt governmental obligations owned by you indirectly								\$1,341.75

Potential State Tax Exclusions from Municipal and US Territory Obligations

Security Name	CUSIP	Income	Your State Obligations		US Territories Obligations	
			Percent of Income	Exclusion Amount	Percent of Income	Exclusion Amount
Amern Tax-Ex Bond of Amer A	876902107	\$328.99	1.78%	\$5.86	2.34%	\$7.70
Totals				\$5.86		\$7.70
Total Income from Municipal and US Territory Obligations held indirectly						\$13.56

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. LINCOLN INVESTMENT SERVICES 197 ESSEX AVE JACKSONVILLE FL 32209			Applicable Check Box on Form 8949 <div style="text-align: center; font-size: 24pt; font-weight: bold;">E</div>		OMB No. 1545-0715 <div style="text-align: center; font-size: 24pt; font-weight: bold;">20XX</div> Form 1099-B
			1a Description of Property (Example 100 sh. XYZ Co.) <div style="text-align: center; font-weight: bold;">25 SHARES IBM</div>		
			<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1b Date acquired </div> <div style="width: 45%;"> 1c Date sold or disposed <div style="text-align: center;">05/16/20XX</div> </div> </div>		
PAYER'S TIN <div style="text-align: center;">89-6XXXXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">014-00-XXXX</div>		1d Proceeds <div style="text-align: center; font-weight: bold;">\$6,625.00</div>	
		1f Accrued Market Discount		1e Cost or other basis	
		1g Wash sale loss disallowed			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC, YS YZIP			2 Short term gain or loss ☐ Long term gain or loss ☒ Ordinary ☐		Copy B For Recipient <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
			<div style="background-color: #f0f0f0; padding: 2px; font-weight: bold;">4 Federal income tax withheld</div>		
6 Reported to IRS Gross proceeds ☐ Net proceeds ☒		5 If checked, noncovered security ☒			
7 If checked, loss is not allowed due to amount in 1d ☐					
8 Profit or (loss) realized in 20XX on closed contracts		9 Unrealized profit or (loss) on open contracts - 12/31/20XX			
10 Unrealized profit or (loss) on open contracts - 12/31/20XX		11 Aggregate profit or (loss) on contracts			
14 State Name		15 State identification no.		16 State tax withheld	
CUSIP number 495687		FATCA filing requirement ☐		12 If checked, basis reported to IRS ☐	
13 Bartering					
Form 1099-B (keep for your records) www.irs.gov/Form1099B Department of the Treasury - Internal Revenue Service					

**Use Zip 60062 Northbrook
for sales tax calculator**

2026 Itemized Deductions (Sch A) Worksheet (fillable)

- ☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked: enter your totals below for each expense – we do not need the details. Please ask if you are unsure or have any questions.

Your name: Michael and Sophia Davenport

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
Supplemental Insurance	\$ 1,500
Dental Insurance	\$ 1,118
* For health, dental, vision, long-term care. Not paid pre-tax from paycheck. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$ 2,345
Hospital, medically needed care facility, etc.	\$ 16,860
Prescriptions (even if filled with over-the-counter meds)	\$ 1,107
Medical aids (canes, glasses, etc.)	\$ 2,985
COVID protective items	\$
Other (specify): Dental Crowns	\$
Dental Crowns	\$ 399
Parking	\$
Bus or car service	\$
Medical miles using own car	1,750 mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
	\$
	\$
	\$
Charitable miles using own car	mi.

STATE/LOCAL TAXES	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$
Personal property (e.g. tax portion of car registration)	\$ 318
Other taxes paid (specify):	
Property tax on main residence	\$ Form 1098
Property tax on land	\$ 450
INTEREST **	
Home mortgage interest - on main home	\$ Form 1098
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$ Form 1098
Year loan originated	
Other (specify):	\$
OTHER:	
Gambling losses/expenses	\$
Investment expenses (for state)	\$
Other (specify):	\$

We'll use your 2026 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$2,050 if single or \$1,650 if married):

Single	\$16,100	Married (filing joint)	\$32,200	HOH	\$24,150
Single (65+)	\$18,150	Married (one 65+)	\$33,850	HOH (65+)	\$26,200
		Married (both 65+)	\$35,500		

** If you financed the purchase of a new car, complete the [Qualified Vehicle Loan Interest deduction worksheet](#).

☐ CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP of foreign postal code, and telephone no. US BANK NATIONAL ASSOCIATION 4801 FREDERICA ST OWENSBORO KY 42301		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>* 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.</small></p> </div> <div style="width: 45%;"> <p>OMB No. 1545-1380</p> <p>Form 1098</p> <p>(Rev. January, 2022)</p> <p>For calendar Year 20XX</p> </div> </div>	
RECIPIENT'S/LENDER'S TIN 31-084XXXX		PAYER'S/BORROWER'S TIN 014-00-XXXX	
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code MICHAEL E DAVENPORT 167 HOLLAND AVE YC,YS,YZIP		<div style="display: flex;"> <div style="width: 50%;"> 2. Outstanding mortgage principal \$289,678.35 </div> <div style="width: 50%;"> 3. Mortgage origination date 03/12/2024 </div> </div> <div style="display: flex;"> <div style="width: 50%;"> 4. Refund of overpaid interest </div> <div style="width: 50%;"> 5. Mortgage insurance premiums \$1,332.00 </div> </div> <div style="border: 1px solid black; padding: 2px;"> 6. Points paid on purchase of principal residence </div> <div style="border: 1px solid black; padding: 2px;"> 7. ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. </div>	
9. Number of properties securing the mortgage 1		10. Other PROPERTY TAX \$7,135	
Account number (see instructions) 687209752		8. Address or description of property securing mortgage	
		11. Mortgage acquisition date	

Form **1098** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Mortgage Interest Statement

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.

Charitable Contributions		Allowable	Noncash contributions		Allowable
St Peter's Church	\$2,900		Goodwill (clothing/etc.)	\$478	
Chamber of Commerce	\$75		Miscellaneous Deductions		
Mayo Clinic	\$1,000		Safe deposit box	\$300	
Republican National Party	\$50		Investment fees	\$1,978	
American Red Cross	\$500		Tax return preparation	\$675	
AARP Foundation	\$500				

Scope Exercises

Review the following scenarios and determine scope:

Scenario 1

Carol Wiley's mother passed away during the tax year and they have sold her home. Which situation(s), if any, would allow the sale of an inherited house to be in scope?

- a) The taxpayer was the single beneficiary to the property
- b) The house was the primary residence for the taxpayer
- c) After the step up of the cost basis, there was no capital gain on the residence
- d) Between inheriting the home and the sale, it was not rented or used for business purposes

Scenario 2

Jose Rodriguez is a self-employed client. Please review the following common business deductions and identify whether they are in or out of scope:

- a) Home office deduction
- b) Rental of equipment
- c) Has employees
- d) Has non-subsidized medical insurance
- e) Depreciating equipment over five years
- f) Has allowable business meal expenses
- g) Deducting vehicle mileage even though vehicle is also available for personal use
- h) Business expenses are \$32,000
- i) Received form 1095-A, no other health insurance, and eligible for PTC
- j) Purchased an individual asset costing \$3000
- k) Has inventory
- l) Using the cash method of accounting
- m) Has a prior year business loss

Scenarios 3, 4 & 5 (Form K-1)

Some clients have a Schedule K-1 (Form 1065) in their tax documents. Please review K-1s in NTTC 4012 Tab D, Schedules K-1 and choose the correct answer below each form.

Scenario 3

Schedule K-1 (Form 1065) Department of the Treasury Internal Revenue Service For Calendar year 20XX, or tax year beginning 01/01/20XX ending 12/31/20XX Partner's Share of Income, Deductions, Credits, etc.		<div style="text-align: right;">OMB No. 1545-0123</div> <div style="display: flex; justify-content: space-between;"> ☒ Final K-1 ☐ Amended K-1 </div> Part III Partner's Share of Current Year Income, Deductions, Credits and Other Items																																																									
Part I Information About the Partnership A Partnership's employer identification number 91-4XXXXXX B Partnership's name, address, city state and ZIP code ACME ENTERPRISES 999 COMMERCE LANE YC, YS, YZ C IRS Center where corporation filed return D ☐ Check if this is a publicly traded partnership (PTP)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 65%;">Ordinary business income (loss) \$3,502.00</td> <td style="width: 5%; text-align: center;">14</td> <td style="width: 25%;">Self-employment earnings (loss)</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Net rental real estate income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Other net rental income (loss)</td> <td style="text-align: center;">15</td> <td>Credits</td> </tr> <tr> <td style="text-align: center;">4A</td> <td>Guaranteed payments for services</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4B</td> <td>Guaranteed payments for capital</td> <td style="text-align: center;">16</td> <td>Schedule K3 is attached if Checked > ☐</td> </tr> <tr> <td style="text-align: center;">4C</td> <td>Total guaranteed payments</td> <td style="text-align: center;">17</td> <td>Alternative minimum tax (AMT) items</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Interest income \$35.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6A</td> <td>Ordinary dividends \$7.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6B</td> <td>Qualified dividends \$7.00</td> <td style="text-align: center;">18</td> <td>Tax exempt income and non-deductable expenses</td> </tr> <tr> <td style="text-align: center;">6C</td> <td>Dividend equivalents</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">7</td> <td>Royalties \$190.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">8</td> <td>Net short-term capital gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9A</td> <td>Net long-term capital gain (loss)</td> <td style="text-align: center;">19</td> <td>Distributions</td> </tr> <tr> <td style="text-align: center;">9B</td> <td>Collectables (28%) gain (loss)</td> <td></td> <td></td> </tr> </table>		1	Ordinary business income (loss) \$3,502.00	14	Self-employment earnings (loss)	2	Net rental real estate income (loss)			3	Other net rental income (loss)	15	Credits	4A	Guaranteed payments for services			4B	Guaranteed payments for capital	16	Schedule K3 is attached if Checked > ☐	4C	Total guaranteed payments	17	Alternative minimum tax (AMT) items	5	Interest income \$35.00			6A	Ordinary dividends \$7.00			6B	Qualified dividends \$7.00	18	Tax exempt income and non-deductable expenses	6C	Dividend equivalents			7	Royalties \$190.00			8	Net short-term capital gain (loss)			9A	Net long-term capital gain (loss)	19	Distributions	9B	Collectables (28%) gain (loss)		
1	Ordinary business income (loss) \$3,502.00	14	Self-employment earnings (loss)																																																								
2	Net rental real estate income (loss)																																																										
3	Other net rental income (loss)	15	Credits																																																								
4A	Guaranteed payments for services																																																										
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9A	Net long-term capital gain (loss)	19	Distributions																																																								
9B	Collectables (28%) gain (loss)																																																										
Part II Information About the Partnership E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See Instructions) 555-XX-XXXX F Name, address, city, state and ZIP code for partner entered in E. See Instructions JOHN Q TAXPAYER 1600 OWLS NEST DR YC, YS, YZ																																																											

- a) This K-1 is in scope
- b) YES - If the out of scope amount is less than 1% of taxpayer's income
- c) NO - Ordinary business income is out of scope on K-1 Form 1065
- d) NO - Royalties are out of scope

Scenario 4

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2025

For calendar year 2025, or tax year

beginning / / 2025 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership	
A	Partnership's employer identification number 45-877XXXX
B	Partnership's name, address, city, state, and ZIP code SQT REAL ESTATE INVESTMENT 300 MAGNOLIA DRIVE CITY, STATE ZIP
C	IRS center where partnership filed return:
D	☐ Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner	
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 267-00-XXXX
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. HUNTER MILSTON 14 CRESCENT DR YC, YS YZIP
G	☐ General partner or LLC member-manager ☒ Limited partner or other LLC member
H1	☐ Domestic partner ☐ Foreign partner
H2	☐ If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____
I1	What type of entity is this partner? _____

☒ Final K-1

☐ Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income	47	15
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	B	103
7	Royalties		
8	Net short-term capital gain (loss)	(260)	19 Distributions
9a	Net long-term capital gain (loss)	388	
9b	Collectibles (28%) gain (loss)		
		20	Other information

- a) YES -- All the fields that have amounts entered are always in scope
- b) YES -- If AGI is below certain limits, then AMT does not apply
- c) NO -- Box 17 Alternative Minimum Tax (AMT) amounts are always out of scope

Scenario 5

Schedule K-1 (Form 1065) Department of the Treasury Internal Revenue Service For Calendar year 20XX, or tax year beginning 01/01/20XX ending 12/31/20XX		<div style="text-align: right;"> ☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123 </div> Part III Partner's Share of Current Year Income, Deductions, Credits and Other Items																																																									
Partner's Share of Income, Deductions, Credits, etc. Part I Information About the Partnership A Partnership's employer identification number 91-4XXXXXX B Partnership's name, address, city state and ZIP code PRIMEVEST FINANCIAL SERVICES 300 MAGNOLIA DRIVE YC, YS YZIP C IRS Center where corporation filed return D ☐ Check if this is a publicly traded partnership (PTP)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 65%;">Ordinary business income (loss) \$125.00</td> <td style="width: 5%; text-align: center;">14</td> <td style="width: 25%;">Self-employment earnings (loss)</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Net rental real estate income (loss) \$1,366.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Other net rental income (loss)</td> <td style="text-align: center;">15</td> <td>Credits</td> </tr> <tr> <td style="text-align: center;">4a</td> <td>Guaranteed payments for services</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4b</td> <td>Guaranteed payments for capital</td> <td style="text-align: center;">16</td> <td>Schedule K3 is attached if Checked > ☐</td> </tr> <tr> <td style="text-align: center;">4c</td> <td>Total guaranteed payments</td> <td style="text-align: center;">17</td> <td>Alternative minimum tax (AMT) items</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Interest income \$47.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6a</td> <td>Ordinary dividends</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td>Qualified dividends</td> <td style="text-align: center;">18</td> <td>Tax exempt income and non-deductable expenses</td> </tr> <tr> <td style="text-align: center;">6c</td> <td>Dividend equivalents</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">7</td> <td>Royalties</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">8</td> <td>Net short-term capital gain (loss) (\$260.00)</td> <td style="text-align: center;">19</td> <td>Distributions</td> </tr> <tr> <td style="text-align: center;">9a</td> <td>Net long-term capital gain (loss) \$388.00</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9b</td> <td>Collectables (28%) gain (loss)</td> <td></td> <td></td> </tr> </table>		1	Ordinary business income (loss) \$125.00	14	Self-employment earnings (loss)	2	Net rental real estate income (loss) \$1,366.00			3	Other net rental income (loss)	15	Credits	4a	Guaranteed payments for services			4b	Guaranteed payments for capital	16	Schedule K3 is attached if Checked > ☐	4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items	5	Interest income \$47.00			6a	Ordinary dividends			6b	Qualified dividends	18	Tax exempt income and non-deductable expenses	6c	Dividend equivalents			7	Royalties			8	Net short-term capital gain (loss) (\$260.00)	19	Distributions	9a	Net long-term capital gain (loss) \$388.00			9b	Collectables (28%) gain (loss)		
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Part II Information About the Partnership E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See Instructions) 267-00-XXXX F Name, address, city, state and ZIP code for partner entered in E. See Instructions FBO HUNTER MILSTON 14 CRESCENT DR YC, YS YZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">9c</td> <td style="width: 65%;">Unrecaptured section 1250 gain</td> <td style="width: 5%; text-align: center;">20</td> <td style="width: 25%;">Other Information</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Net section 1231 gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">11</td> <td>Other income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">12</td> <td>Section 179 deduction</td> <td></td> <td></td> </tr> </table>		9c	Unrecaptured section 1250 gain	20	Other Information	10	Net section 1231 gain (loss)			11	Other income (loss)			12	Section 179 deduction																																										
9c	Unrecaptured section 1250 gain	20	Other Information																																																								
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12	Section 179 deduction																																																										
G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member H1 ☐ Domestic partner ☐ Foreign partner H2 ☐ If the partner is a disregarded entity (DE), enter partner's: TIN _____ Name _____ I1 What type of entity is this partner? I2 If this partner is retirement plan (IRA/SEP/Keogh/etc.), check here ☒ J Partner's share of profit, loss, and capital (see instructions) <table style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Beginning</td> <td style="width: 10%; text-align: center;">Ending</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Beginning</td> <td style="width: 10%; text-align: center;">Ending</td> <td style="width: 10%;"></td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> <td></td> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> <td></td> </tr> </table>			Beginning	Ending		Beginning	Ending		Profit	%	%		%	%																																													
	Beginning	Ending		Beginning	Ending																																																						
Profit	%	%		%	%																																																						

- a) YES - Boxes 1 through 20 are always in scope
- b) Box I2 is checked for retirement plan and form can be disregarded
- c) NO - Boxes 1 and 2 are out of scope

Scenario 6

1099-DIV

As a tax counselor, you are likely to see many 1099-DIV forms either as individual tax documents or within Consolidated Brokerage Statements. In which boxes would having an entry *always* create an out of scope situation?

☐ CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no.		1 Total Ordinary Dividends	OMB No. 1545-0110 Form 1099-DIV (Rev. January, 2022) For calendar Year 20 XX
		1b Qualified Dividends	Dividends and Distributions Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		2a Total capital gain distr.	
		2b Unrecap. Sec. 1250 gain	
PAYER'S TIN	RECIPIENT'S TIN	2c Section 1202 gain	2d Collectables (28%) gain
		2e Section 897 ordinary dividends	2f Section 897 capital gain
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code		3 Nondividend distributions	4 Federal income tax withheld
		5 Section 199A dividends	6 Investment expenses
		7 Foreign Tax Paid	8 Foreign Country or US possession
		9 Cash liquidation distributions	10 Noncash liquidation distribution
	11 FATCA filing requirement ☐	12 Exempt-Interest dividends	13 Specified private activity bond interest dividends
Account number (see instructions)		15 State	14 State Identification no.
			15 State tax withheld
Form 1099-DIV (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service			

Scenario 7

High Income Taxpayer

While our program does not have a standalone income limit, there are certain income thresholds that can trigger special circumstances that are out of scope. It is important to identify these issues prior to starting the return.

Under each of the following Filing Statuses, for what AGI should the counselor start carefully reviewing the tax information to avoid an out of scope situation?

- a) Filing Single:
- b) Filing MFJ:
- c) Filing MFS:
- d) Filing HoH:
- e) Filing QSS:

Scenario 8

Cancellation of Debt 1099-C

John had a debt cancelled by a creditor. Please review this 1099-C to determine whether his return would be in or out of scope:

☐ CORRECTED (if checked)			
CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. ACME CREDIT 1090 CHARGE IT LANE YC, YS YZ		1 Date of Identifiable Event 05/25/20XX	OMB No. 1545-1424 Form 1099-C (Rev. January, 2022) For calendar Year 20 XX
		2 Amount of debt discharged \$2,456.00	
		3 Interest if included in Box 2 \$659.00	
CREDITOR'S TIN 91-4XXXXXX	DEBTOR'S TIN 555-XX-XXXX	4 Debt description CREDIT CARD CANCELTION	Copy B For Debtor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code JOHN Q PUBLIC 1056 QUAIL HOLLOW APT 29 YC, YS YZ		5 If checked, the debtor was personally liable for repayment of this debt ☒	
Account number (see instructions)		6 Identifiable Event Code A	
Form 1099-C (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service			

- a) The 1099-C is in scope because it is a cancellation of credit card debt
- b) The 1099-C is out of scope due to the entry in Box 6
- c) All 1099-C forms are out of scope

Consolidated Brokerage Statements

Used in Scenarios 9 -10

SONIC BROKERAGE SERVICES LLC
PO BOX 1234
ALBUQUERQUE NM 87125-8019

JOHN AND MARY Q TAXPAYER
155 MAIN STREET
YOUR CITY, YOUR STATE, YOUR ZIP

20XX TAX REPORTING STATEMENT

Account Number: S12-123456
Customer Service: 800-555-1212
Recipient ID Number: 014-**-****
Payer's Fed ID Number: 04-3*****

Payer's Name and Address
STATE SERVICES LLC
123 IRVING BLVD
JERSEY CITY, NJ 07310

Form 1099-DIV	20XX Dividends and Distributions	Copy B for Recipient (OMB No. 1545-0110)
---------------	----------------------------------	---

1a Total ordinary dividends.....	470.40	6 Investment expenses.....	0.00
1b Qualified dividends.....	367.83	7 Foreign tax paid.....	13.65
2a Total cap gain distributions.....	3,512.09	8 Foreign country or U.S. possession.....	MX
2b Unrecap. Sec 1250 gain.....	0.00	9 Cash liquidation distributions.....	123.51
2c Section 1202 gains.....	0.00	10 Noncash liquidation distributions.....	0.00
2d Collectibles (28% gain).....	0.00	11 FATCA filing requirement.....	N/A
2e Section 897 ordinary dividends.....	85.12	12 Exempt interest dividends.....	328.99
2f Section 897 capital gain.....	112.48	13 Specified private activity bond interest dividends.....	0.00
3 Nondividend distributions.....	0.00	14 State.....	N/A
4 Federal income tax withheld.....	0.00	15 State identification no.....	N/A
5 Section 199A dividends.....	0.00	16 State tax held.....	0.00

Form 1099-INT	20XX Interest Income	Copy B for Recipient (OMB No. 1545-0112)
---------------	----------------------	---

1 Interest income.....	343.13	10. Market discount.....	0.00
2 Early withdrawal penalty.....	0.00	11 Bond premium.....	120.00
3 Interest on U.S. savings bonds and Treas. Obligations.....	150.00	12 Bond premium on U.S. Treasury obligations.....	0.00
4 Federal income tax withheld.....	0.00	13 Bond premium on tax-exempt bond.....	0.00
5 Investment expenses.....	0.00	14 Tax-exempt and tax credit bond CUSIP no.....	N/A
6 Foreign tax paid.....	0.00	15 State.....	N/A
7 Foreign country or U.S. possession.....	N/A	16 State identification no.....	N/A
8 Tax-exempt interest.....	0.00	17 State tax withheld.....	0.00
9 Specified private activity bond interest.....	335.52		

Box 10, Box 11, Box 12, and Box 13 contain amounts for covered securities only.

* 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 1 of 7

Scenario 9

Look at the 1099-DIV above. Are there any entries that would make the return out of scope? If so, please indicate which line(s) or box(es) with entries would be out of scope.

Scenario 10

On the 1099-INT, there is an entry in box 11. Could this make the return out of scope? There is also an entry in box 9. When would this make the return out of scope?

Used in Scenarios 11-13

SONIC BROKERAGE SERVICES LLC

JOHN AND MARY Q TAXPAYER

20XX TAX REPORTING STATEMENT

Account Number: S12-123456
Customer Service: 800-555-1212
Recipient ID Number: 014-**-****
Payer's Fed ID Number: 04-3*****

Form 1099-MISC

20XX Miscellaneous Income

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

2 Royalties 54.28

3 Other income 0.00

4 Federal income tax withheld 0.00

8 Substitute payments in lieu of dividends or interest 0.00

16 State tax withheld 0.00

17 State identification no N/A

18 State income 0.00

Form 1099-DA

20XX Digital Asset Proceeds

Copy B for Recipient
(OMB No. 1545-2330)

8949 Indicator

Total Proceeds

Total Cost Basis

Total Market Discount

Total Wash Sales

Realized Gain/Lost

Federal Income Tax Withheld

Code H Short-term transaction for which basics is not reported to the IRS

155.32

122.98

32.44

Code G Short-term transaction for which basics is reported to the IRS

155.32

122.98

32.44

Summary of 20XX Original Issue Discount

1 Original issue discount for 20XX 0.00

2 Other periodic interest 0.00

3 Early withdrawal penalty 0.00

4 Federal income tax withheld 0.00

5 Market discount 0.00

6 Acquisition premium 0.00

8 Original issue discount on US Treasury obligations 0.00

9 Investment expenses 0.00

10 Bond premium 0.00

11 Tax-exempt OID 0.00

12 State

13 State/Payer's state no

14 State tax withheld 0.00

Summary of 20XX Proceeds from Broker and Barter Exchange Transactions

1099-B Section

Total Proceeds

Total Cost Basis

Total Market Discount

Total Wash Sales

Realized Gain/Lost

Federal Income Tax Withheld

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

35,762.49

42,482.02

122.56

-6842.09

Short-term transaction for which basis is not reported to the IRS

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

21,327.32

16,771.86

55.32

4555.46

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

Transactions for which basis is not reported to the IRS and Term is Unknown

551.12

512.98

38.14

67,527.38

76,253.88

-8,810.92

* 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 2 of 7

- b) No

Scenario 13

Review this 1099-B and indicate which of the following would be out of scope:

- a) Transactions where the basis has not been reported to the IRS
- b) Transactions where the term is unknown or undetermined
- c) Transactions with accrued market discounts
- d) Transactions with wash sales
- e) 1099-B showing a loss

Scenario 14

If a taxpayer trades in options, futures or commodities, can we complete their tax return?

Used in Scenarios 15-16

We have a single taxpayer with only one brokerage statement shown below.

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.

IRS 2024 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS BOX OMB NO. 1545-0110		IRS 2024 FORM 1099-MISC - MISCELLANEOUS INFORMATION BOX OMB NO. 1545-0115	
1a. TOTAL ORDINARY DIVIDENDS	\$3,749.95	1. RENTS	\$0.00
1b. QUALIFIED DIVIDENDS	\$3,702.84	2. ROYALTIES	\$0.00
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00	3. OTHER INCOME	\$0.00
2b. UNRECAP. SEC. 1250 GAIN	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
2d. COLLECTIBLES (28%) GAIN	\$0.00	8. SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST	\$0.00
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00	IRS 2024 FORM 1099-OID - ORIGINAL ISSUE DISCOUNT BOX OMB NO. 1545-0117	
2f. SECTION 897 CAPITAL GAIN	\$0.00	1. ORIGINAL ISSUE DISCOUNT FOR 2024	\$0.00*
3. NON-DIVIDEND DISTRIBUTIONS	\$0.00	2. OTHER PERIODIC INTEREST	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. SECTION 199A DIVIDENDS	\$0.00	5. MARKET DISCOUNT	\$0.00
6. INVESTMENT EXPENSES	\$0.00	6. ACQUISITION PREMIUM	\$0.00
7. FOREIGN TAX PAID	\$595.30	8. OID ON U.S. TREASURY OBLIGATIONS	\$0.00*
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00	9. INVESTMENT EXPENSES	\$0.00
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00	10. BOND PREMIUM	\$0.00
12. EXEMPT-INTEREST DIVIDENDS	\$0.00	11. TAX-EXEMPT OID	\$0.00
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	\$0.00	*This may not be the correct figure to report on your income tax return. See instructions on the back.	
IRS 2024 FORM 1099-INT - INTEREST INCOME BOX OMB NO. 1545-0112		IRS 2024 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS BOX OMB NO. 1545-0715	
1. INTEREST INCOME	\$0.52	1d. PROCEEDS	\$158,428.90
2. EARLY WITHDRAWAL PENALTY	\$0.00	COVERED SECURITIES	\$158,428.90
3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	\$0.00	NONCOVERED SECURITIES	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00	1e. COST OR OTHER BASIS OF COVERED SECURITIES	\$152,699.43
5. INVESTMENT EXPENSES	\$0.00	1f. ACCRUED MARKET DISCOUNT	\$0.00
6. FOREIGN TAX PAID	\$0.00	1g. WASH SALE LOSS DISALLOWED	\$0.00
8. TAX-EXEMPT INTEREST	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST	\$0.00		
10. MARKET DISCOUNT	\$0.00		
11. BOND PREMIUM	\$0.00		
12. BOND PREMIUM ON TREASURY OBLIGATIONS	\$0.00		
13. BOND PREMIUM ON TAX-EXEMPT BOND	\$0.00		
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.			

Scenario 15

Based on the information that you see, is this in scope?

a) Yes

b) No

Scenario 16

Is there sufficient information under Form 1099-B summary to enter data into the tax software?

a) Yes

b) No

Consolidated Brokerage Statement from LPL Financial

Used in Scenarios 17-18

SHORT TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column](Lines 2 & 5)

Report on Form 8949, Part I with Box A checked. Basis is provided to the IRS. (Line 12)

*Gain or loss (-) is NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol							
1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
SPDR GOLD TRUST GOLD ETF / CUSIP: 78463V107 / Symbol: GLD / Note: CL							
06/13/25	7.000	2,212.77	04/07/25	1,918.77	0.00	294.00	3- Proceeds from collectibles [X] Sale ^{AC}
10/23/25	11.000	4,188.25	Various	3,068.23	0.00	1,120.02	Original basis: \$1,920.17 3- Proceeds from collectibles [X] Total of 3 transactions
Security total:		6,401.02		4,987.00		1,414.02	
ST STR BLMBRG 3-12M ETF / CUSIP: 78468R523 / Symbol: BILS							
05/12/25	52.000	5,158.77	04/07/25	5,161.00	0.00	-2.23	Sale
THORN GLB OPP I / CUSIP: 885215327 / Symbol: THOIX							
04/07/25	16.293	570.11	Various	594.40	0.00	-24.29	Total of 3 transactions
TRANSAMR INTL STK I / CUSIP: 89360T335 / Symbol: TIHBX							
10/23/25	164.393	2,410.00	05/12/25	2,161.77	0.00	248.23	Sale
DEAN SMCP VAL / CUSIP: 90470K313 / Symbol: DASCX							
04/07/25	76.383	1,192.34	Various	1,479.44	0.00	-287.10	Total of 4 transactions
VNGRD INFO TECH IDX ADML / CUSIP: 92204A793 / Symbol: VITAX							
10/23/25	9.487	3,702.54	07/18/25	3,330.56	0.00	371.98	Sale
Totals :		68,698.46		63,994.06	5.87 W	4,710.27	

Scenario 17

Is Box 1g \$5.87 W in scope?

a) Yes

b) No

Scenario 18

Are all these short term Box A transactions in scope?

a) Yes

b) No

Consolidated Brokerage Statement from LPL Financial

SHORT TERM TRANSACTIONS FOR NONCOVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column](Line 5)

Report on Form 8949, Part I with Box B checked. Basis is NOT provided to the IRS. (Line 12)

"Date acquired," "Cost or other basis," "Accrued market discount," "Wash sale loss disallowed" and "Gain or loss (-)" are NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol		1d- Proceeds & 6- Reported (G)ross or (N)et	Date acquired	Cost or other basis	Accrued mkt disc (D) & Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
1c- Date sold or disposed	Quantity						
BK AMER 11/26/25	4.25 112625 / CUSIP: 06051XLD2 / Symbol: 30,000,000	30,000.00	02/14/25	29,963.70	36.30 D	0.00	Redemption ^{AA}

Scenario 19

Is this sale in scope?

- a) Yes
- b) No

Consolidated Brokerage Statements

Introduction

Brokerage statements are common with our clients. They come in a variety of forms--some are straightforward in their presentation of information, while others are difficult for counselors or taxpayers to interpret. In addition, state law varies in terms of how certain forms of income are treated.

The exercises below can be used by instructors in class after instruction has been provided on brokerage statements. For in-person classes, counselors can split into small groups to discuss each exercise and then report out to the group. For online classes, the exercises can be sent out ahead of time for counselors to review and then discuss together in class.

The brokerage statements provided may be used to introduce counselors to the task of searching out important information. Ignore the dates (ie 2021, 2024), as these were edited from actual brokerage statements. They can also be discussed in small groups, allowing each counselor to review the statement in its entirety and identify income information, questions for the taxpayer in the interview, and out-of-scope issues.

The Brokerage Statement Examples are a good introduction to studying various brokerage statement formats to find the needed information.

The Brokerage Advanced Exercises can be used with experienced counselors to review various situations that arise regarding the brokerage statements.

A new brokerage reference tool was developed this year.

<https://ta-nttc.tiny.us/WB-Brokerage-Reference>

Additional video resources are below.

<https://ta-nttc.tiny.us/Brokerage-Sales-video>

<https://ta-nttc.tiny.us/Brokerage-Advanced-video>

<https://ta-nttc.tiny.us/Interest-Div-Basic-video>

<https://ta-nttc.tiny.us/Interest-Div-State-video>

State issues. All statements except Fidelity are presented in their entirety. Statements vary in the presentation of information useful or necessary for federal and state tax returns. Various state issues for the statements are listed below.

Vanguard 2023 <https://ta-nttc.tiny.us/WB-CBS-Vanguard23>

- includes the percentage of income from US obligations for each mutual fund for which dividends included such income.

Wells Fargo 2024 <https://ta-nttc.tiny.us/WB-CBS-WellsFargo>

- includes information on US obligations and municipal bond income in summary dollar amounts.

Schwab 2024 <https://ta-nttc.tiny.us/WB-CBS-Schwab>

- includes OOS accrued market discount in format that requires distinguishing from wash sales.

Edward Jones 20XX <https://ta-nttc.tiny.us/WB-CBS-EdwardJones>

- includes information on US obligations and municipal bond income (from two state-specific mutual funds) in dollar amounts.

Vanguard 2025 <https://ta-nttc.tiny.us/WB-CBS-Vanguard25>

- includes the percentage of income from US obligations for each mutual fund for which dividends included such income,
- requires a totaling of dividend payments to apply the percentages of income from US.

Fidelity 2025 (supplemental information) <https://ta-nttc.tiny.us/WB-CBS-Fidelity-Supp>

- lists detail on dividends paid for over a dozen mutual funds from Fidelity, Invesco and iShares; foreign tax paid; and tax-exempt income from municipal bonds;
- information on the percentage of income from US obligations for each mutual fund may be obtained from an appropriate website mentioned in the brokerage statement; four of the mutual funds have more than 10% of income from US obligations;
- information on the percentage of income from municipal bonds for each state may be obtained from the same website.

Consolidated Brokerage Statements Matrix

Brokerage Firm	# pg	1099-DIV						1099-INT		1099-B
		Div/Qu al	Capital Gains	US oblig	US oblig \$ or % include d	Tax- Ex	Additional	US oblig .	Tax-E x	
Vanguard 2023	8	X	X		%		Sec 199A			Box D
Wells Fargo 2024	18	X	X	X	\$	X	Amended			Box E
Schwab 2024	30	X	X	X			Sec 199A, foreign tax paid	X		Box A, D
Edward Jones 20XX	6	X		X	\$ and %	X	Sec 199A, foreign tax paid	X		Box A
Vanguard 2025	10	X	X	X	%	X	Sec 199A, divid need to be totaled for US oblig calc			
Fidelity (supplemental info)		X		X	websit e	X	US oblig need online lookup			

Brokerage Statement Examples

These questions require the student to open the brokerage statement link. Page numbers refer to the printed page number on the brokerage statement itself. For state issues, the questions point out fields that may have U.S. Obligations or tax-exempt income. Check with your Instructor for other information that may be needed in your state.

Vanguard 2023 link here: <https://ta-nttc.tiny.us/WB-CBS-Vanguard23>

Question	Answer
1. List the tax forms included in this brokerage statement	
2. On its own, is this brokerage statement in scope?	
3. What is the amount of total dividends to enter in TaxSlayer?	
4. Of the total dividends, how much are qualified (that is, is taxed at a lower rate)?	
5. Are Section 199A dividends always in scope?	
6. What statement page number has the 1099-INT?	
7. What page has the 1099-B Summary to use for data entry?	
8. Does every 1099-B sale have a cost basis?	
9. Which page(s) list individual cost basis for sales?	
10. The 1099-B includes which Boxes? Choices: A, B, D, E	
11. State issue: Which field(s) on 1099-DIV may impact state tax?	

Wells Fargo 2024 link here: <https://ta-nttc.tiny.us/WB-CBS-WellsFargo>

Question	Answer
1. What alerts you to check carefully for duplicate statements?	
2. How do you distinguish duplicate statements?	
3. On its own, is this brokerage statement in scope?	
4. Is Form 1099-B Box E in scope?	
5. Is Form 1099-DIV line 13 Private Activity Bond Interest in scope?	
6. What is the amount of total dividends you should enter in TaxSlayer?	
7. What is the amount of capital gains distributions you should enter in TaxSlayer?	
8. Is there any interest to report? If yes, where is it?	
9. What page has the 1099-B Summary to use for data entry?	
10. The 1099-B includes which Boxes? Choices: A, B, D, E	
11. Which page(s) list individual cost basis for sales?	
12. State issue: Which field(s) on 1099-DIV may impact state tax?	
13. State issue: Which pages contain detail for state tax issues?	
14. State issue: Is there income from U.S. obligations that may impact state tax?	

Schwab 2024 link here: <https://ta-nttc.tiny.us/WB-CBS-Schwab>

Question	Answer
1. On its own, is this brokerage statement in scope?	
2. Is Form 1099-B Box 1f Accrued Market Discount in scope?	
3. Is Form 1099-B Box 1g Wash Sale in scope?	
4. Is Form 1099-B Box 7 Foreign Tax Paid in scope?	
5. Is Form 1099-B Box 5 Section 199A dividends in scope on this brokerage statement?	
6. What is the amount of capital gains distributions?	
7. What pages have the 1099-B Summary to use for data entry?	
8. The 1099-B includes which Boxes? Choices: A, B, D, E	
9. Are there any 1099-B Wash Sales on this statement?	
10. State issue: Which field(s) on 1099-DIV may impact state tax?	
11. State issue: On 1099-INT, are there any U.S. obligations or Tax-Exempt interest that may impact state tax?	

Brokerage Advanced Exercises

EXAMPLE 1

Review this statement from RBC Wealth Management.

FORM 1099-INT		INTEREST INCOME		OMB No. 1545-0112	
1. Interest income \$9,304.12	3. Interest on U.S. Treasury obligations	4. Federal income tax withheld		5. Investment expenses	
6. Foreign tax paid	7. Foreign country or U.S. possession (See Detail)	8. Tax-exempt interest \$9,368.75	9. Specified private activity bond interest	10. Market discount	
11. Bond premium \$393.06	12. Bond premium on Treasury obligations	13. Bond premium on tax-exempt bonds \$1,322.97	14. Tax-exempt and tax credit bond CUSIP no. (See Detail)		

FORM 1099-DIV		DIVIDENDS AND DISTRIBUTIONS		OMB No. 1545-0110	
1a. Total ordinary dividends \$461.25	1b. Qualified dividends \$461.25	2a. Total capital gain distribution	2b. Unrecaptured Sec 1250 gain	2c. Section 1202 gain	

FORM 1099-OID		ORIGINAL ISSUE DISCOUNT		OMB No. 1545-0117	
6. Acquisition premium \$23.31	8. Original issue discount on U.S. Treasury obligations	9. Investment expenses	10. Bond premium	11. Tax-exempt OID \$23.31	

Are these forms in scope? If not, what field(s) are out of scope?

EXAMPLE 2

Page

1 of 6

Vanguard VANGUARD MARKETING CORPORATION VANGUARD BROKERAGE P.O. BOX 982901 EL PASO, TX 79998-2901 Customer Service: 800-662-2739	Tax Information Account 843123XX SAMUEL GARDENER 1800 MAIN ST CHAPEL HILL, NC 27514	Statement Date: 01/24/2026 Document ID: RS25 789	2025
PAYER'S TIN: 23-2019846 RECIPIENT'S TIN: XXX-XX-4567			
11 - [] FATCA filing requirement (see instructions) Summary Information 13 - [] FATCA filing requirement (see instructions)			

DIVIDENDS AND DISTRIBUTIONS		2025 1099-DIV*	OMB No. 1545-0110	MISCELLANEOUS INFORMATION		2025 1099-MISC*	OMB No. 1545-0115
1a- Total ordinary dividends (includes lines 1b, 5, 2e)			414.92	2- Royalties			0.00
1b- Qualified dividends			313.10	3- Other income			0.00
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)			1,442.90	4- Federal income tax withheld			0.00
2b- Unrecaptured Section 1250 gain			0.00	8- Substitute payments in lieu of dividends or interest			0.00
2c- Section 1202 gain			0.00	SECTION 1256 CONTRACTS			
2d- Collectibles (28%) gain			0.00		2025 1099-B*		OMB No. 1545-0715
2e- Section 897 ordinary dividends			0.00	8- Profit or (loss) realized in 2025 on closed contracts			0.00
2f- Section 897 capital gain			0.00	9- Unrealized profit or (loss) on open contracts-12/31/2024			0.00
3- Nondividend distributions			0.00	10- Unrealized profit or (loss) on open contracts-12/31/2025			0.00
4- Federal income tax withheld			0.00	11- Aggregate profit or (loss) on contracts			0.00
5- Section 199A dividends			0.34	<i>If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.</i>			
6- Investment expenses			0.00	* This is important tax information and is being furnished to the Internal Revenue Service.			
8- Foreign country or US possession:	7- Foreign tax paid:		0.00	If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
9- Cash liquidation distributions			0.00				
10- Noncash liquidation distributions			0.00				
12- Exempt-interest dividends (includes line 13)			0.00				
13- Specified private activity bond interest dividends (AMT)			0.00				

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING						
<i>Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.</i>						
Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	6,500.00	0.00	0.00	0.00	6,500.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	6,500.00	0.00	0.00	0.00	6,500.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	6,500.00	0.00	0.00	0.00	6,500.00
Withholding		Amount				
Federal income tax withheld		0.00				

Changes to dividend tax classifications processed after your original tax form is issued for 2025 may require an amended tax form.

What do you see that stands out? What questions would you ask the taxpayer after reviewing this?

EXAMPLE 3

Review this statement from American Century.

PAYER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number
American Century Investments
PO Box 419287 Kansas City, MO 64141-6287
Questions? Call us or visit:
americancentury.com/taxes
1-800-345-8810

RECIPIENT'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number
JOHN Q PUBLIC
1234 MAIN STREET
YOUR CITY, YS, YZIP

Copy B For Recipient

Department of the Treasury-Internal Revenue Service

RECIPIENT'S TIN	XXX-XX-1234
--------------------	-------------

(keep for your records)

TAX YEAR 202X

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

Corrected (if checked) ☐ (OMB No. 1545-0110)

Page 1 of 1

FORM 1099-DIV														DIVIDENDS AND DISTRIBUTIONS							202X
(1a) Total ordinary dividends	(1b) Qualified dividends	(2a) Total capital gain distributions	(2b) Unrecap. Sec. 1250 gain	(2d) Collectibles (28%) gain	(2e) Section 897 ordinary dividends	(2f) Section 897 capital gain	(3) Nondividend distributions	(4) Federal income tax withheld	(5) Section 199A dividends	(7) Foreign tax paid	(9) Cash liquidation distributions	(10) Noncash liquidation distributions	(12) Exempt- interest dividends	(13) Specified private activity bond interest dividends							
Fund: GROWTH				Fund-Acct no.: 20-303813011				PAYER'S TIN: 43-1607637													
0.00	0.00	9,349.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
Fund: EQUITY INCOME				Fund-Acct no.: 38-159594156				PAYER'S TIN: 43-1709952													
4,129.00	2,849.34	7,065.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
Fund: FOCUSED GLOBAL GROWTH				Fund-Acct no.: 102-1810140				PAYER'S TIN: 43-6810947													
201.18	201.18	3,707.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
Form 1099-DIV *Please see instructions for additional details																					

What, if anything, is unusual about this 1099-DIV? How will you enter this in the tax software?

EXAMPLE 4

Review this statement from RBC Wealth Management.

BOXES 1a, 1b, 1c, 1d, 1e, 1f, 1g, 2, 3, 5, 12 -- Stocks, bonds etc.										
SECURITY ID & DESCRIPTION (Box 1a)										
DATE OF SALE (Box 1c)	FORM 8949 / NOTES (Box 1c)	QUANTITY (Box 1a)	NET PROCEEDS (Box 1d)	DATE ACQUIRED (Box 1b)	NET COST (Box 1e)	ACCRUED MARKET DISCOUNT (Box 1f) WASH SALE LOSS DISALLOWED (Box 1g)	TERM / ORDINARY INCOME (Box 2)	PROCEEDS FROM COLLECTIBLES/ QOF (Box 3)	NON-CVRD SEC (Box 5)	BASIS RPTD TO IRS (Box 12)
48127V827 JPMORGAN CHASE & CO DEP SHS EACH REPSTG 1/400TH INT 6.15% NON CUM PFD SER BB										
03/10/21	D/	1,200.000	30,581.96	07/22/15	30,000.00		LONG	☐ / ☐	☐	☒
		NET PROCEEDS	NET COST			ACCRUED MARKET DISCOUNT	WASH SALE LOSS DISALLOWED	TERM	BASIS RPTD TO IRS	NON-CVRD SEC
Boxes 1d, 1e, 1f & 1g SUBTOTALS		\$30,581.96	\$30,000.00			\$0.00	\$0.00	LONG	☒	☐
Boxes 1d, 1e, 1f & 1g TOTAL		\$30,581.96	\$30,000.00*			\$0.00	\$0.00			

Is this in scope?

Is this short or long term? What data entries do you make in the software?

EXAMPLE 5

Review this statement from American Century.

FORM 1099-B										PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS			202X
Short-term transactions for which basis is reported to the IRS; report on Form 8949, Part I with Box A checked.													
(1a) Description of property													
Transaction	Share Price**	Quantity Sold**	(1b) Date acquired	(1c) Date sold or disposed	(1d) Net proceeds	(1e) Cost or other basis	(1g) Wash sale loss disallowed	(3) Proceeds from QOF	(4) Federal income tax withheld	(5) Non-covered security	Gain/ (Loss)**		
Fund: FOCUSED GLOBAL GROWTH			Fund-Acct no.: 102-1810140			PAYER'S TIN: 43-6810947							
SHARED REDEEMED	9.340	414.498	12/21/2X	12/27/2X	3,8741.85	4,831.85	0.00		0.00		(960.44)		
FUND TOTAL:					3,8741.85	4,831.85	0.00		0.00		(960.44)		
Long-term transactions for which basis is reported to the IRS; report on Form 8949, Part I with Box D checked.													
(1a) Description of property													
Transaction	Share Price**	Quantity Sold**	(1b) Date acquired	(1c) Date sold or disposed	(1d) Net proceeds	(1e) Cost or other basis	(1g) Wash sale loss disallowed	(3) Proceeds from QOF	(4) Federal income tax withheld	(5) Non-covered security	Gain/ (Loss)**		
Fund: INTERNATIONAL OPPORTUNITIES			Fund-Acct no.: 40-303776430			PAYER'S TIN: 43-1911447							
SHARED REDEEMED	8.360	669.559		12/27/2X	5,597.51	7,161.61	0.00		0.00		(1,564.10)		
FUND TOTAL:					5,597.51	7,161.61	0.00		0.00		(1,564.10)		
Fund: FOCUSED GLOBAL GROWTH			Fund-Acct no.: 102-1810140			PAYER'S TIN: 43-6810947							
SHARED REDEEMED	9.340	1,847.418		12/27/2X	17,254.89	21,535.56	0.00		0.00		(4,280.67)		
FUND TOTAL:					17,254.89	21,535.56	0.00		0.00		(4,280.67)		

What do you notice about these sales?

EXAMPLE 6

Review this statement.

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	9,741.91	13,358.98	0.00	0.00	-3,617.07
Long	E (basis not reported to the IRS)	9,348.35	580.35	0.00	0.00	8,768.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	19,090.26	13,939.33	0.00	0.00	5,150.93
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	19,090.26	13,939.33	0.00	0.00	5,150.93

If the taxpayer told you they inherited this account two years ago, how would you handle this?
What would you ask the taxpayer?

EXAMPLE 7 Trust Registration



1

DEBORAH HARRISON TTEE
DEBORAH L HARRISON REV LIV TR
DATED 8/22/2005
FOR STANFORD LANE

Is this in scope?

Does this belong on Deborah Harrison's tax return? How would you determine that?

EXAMPLE 8 UTMA/ UGMA Registration

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. BANK OF BROADWAY 1500 MAIN ST YC, YS YZIP		1 Total Ordinary Dividends \$585.00		OMB No. 1545-0110 Form 1099-DIV (Rev. January, 2022)	Dividends and Distributions Copy B For Recipient	
		1b Qualified Dividends \$305.00		For calendar Year 20XX		
		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain		
PAYER'S TIN 87-434XXXX	RECIPIENT'S TIN 399-00-1122	2c Section 1202 gain		2d Collectables (28%) gain		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANE MERIWEATHER TTEE UTMA OLIVER COOK 54 MIDDLESEX DR YC, YS YZIP		2e Section 897 ordinary dividends		2f Section 897 capital gain		
		3 Nondividend distributions		4 Federal income tax withheld		
		5 Section 199A dividends		6 Investment expenses		
		7 Foreign Tax Paid		8 Foreign Country or US possession		
		9 Cash liquidation distributions		10 Noncash liquidation distribution		
		11 FATCA filing requirement ☐		12 Exempt-Interest dividends		
		13 Specified private activity bond interest dividends		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
Account number (see instructions)		15 State	14 State Identification no.			15 State tax withheld
Form 1099-DIV (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service						

Is this in scope? How is this handled?

Example 9

Review this Edward Jones statement.

1099-INT Interest Income - 2025 Statement for recipient (Copy B) (OMB NO. 1545-0112)			1099-DIV Dividends and Distributions - 2025 Statement for recipient (Copy B)(OMB NO. 1545-0110)		
Box 1	Interest Income	1,220.88	Box 1a	Total Ordinary Dividends	7,849.84
Box 2	Early Withdrawal Penalty	0.00	Box 1b	Qualified Dividends	4,472.24
Box 3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00	Box 2a	Total Capital Gain Distributions	64,257.30
Box 4	Federal Income Tax Withheld	0.00	Box 2b	Unrecap. Sec. 1250 Gain	0.00
Box 5	Investment Expenses	0.00	Box 2c	Section 1202 Gain	0.00
Box 6	Foreign Tax Paid	0.00	Box 2d	Collectibles (28%) Gain	0.00
Box 7	Foreign country or U.S. territory		Box 2e	Section 897 ordinary dividends	0.00
Box 8	Tax-Exempt Interest	1,125.00	Box 2f	Section 897 capital gain	0.00
Box 9	Specified Private Activity Bond Interest	0.00	Box 3	Nondividend Distributions	0.00
Box 10	Market Discount	0.00	Box 4	Federal Income Tax Withheld	0.00
Box 11	Bond Premium	0.00	Box 5	Section 199A Dividends	63.00
Box 12	Bond Premium on Treasury Obligations	0.00	Box 6	Investment Expenses	0.00
Box 13	Bond Premium on Tax-Exempt Bond	38.76	Box 7	Foreign Tax Paid	0.00
Box 14	Tax-Exempt and Tax Credit Bond CUSIP no.	Various	Box 8	Foreign Country or U.S.Possesion	
			Box 9	Cash Liquidation Distributions	0.00
			Box 10	Noncash Liquidation Distributions	0.00
			Box 12	Exempt-Interest Dividends	2,843.45
			Box 13	Specified Private Activity Bond Interest Dividends	0.00

Is this in scope?

If not, which field is OOS?

Example 10

Review this statement from Morgan Stanley.

We have a single taxpayer with only one brokerage statement shown below.

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.

IRS 2024 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS BOX OMB NO. 1545-0110		IRS 2024 FORM 1099-MISC - MISCELLANEOUS INFORMATION BOX OMB NO. 1545-0115	
1a. TOTAL ORDINARY DIVIDENDS	\$3,749.95	1. RENTS	\$0.00
1b. QUALIFIED DIVIDENDS	\$3,702.84	2. ROYALTIES	\$0.00
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00	3. OTHER INCOME	\$0.00
2b. UNRECAP. SEC. 1250 GAIN	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
2d. COLLECTIBLES (28%) GAIN	\$0.00	8. SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST	\$0.00
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00	IRS 2024 FORM 1099-OID - ORIGINAL ISSUE DISCOUNT BOX OMB NO. 1545-0117	
2f. SECTION 897 CAPITAL GAIN	\$0.00	1. ORIGINAL ISSUE DISCOUNT FOR 2024	\$0.00*
3. NON-DIVIDEND DISTRIBUTIONS	\$0.00	2. OTHER PERIODIC INTEREST	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. SECTION 199A DIVIDENDS	\$0.00	5. MARKET DISCOUNT	\$0.00
6. INVESTMENT EXPENSES	\$0.00	6. ACQUISITION PREMIUM	\$0.00
7. FOREIGN TAX PAID	\$595.30	8. OID ON U.S. TREASURY OBLIGATIONS	\$0.00*
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00	9. INVESTMENT EXPENSES	\$0.00
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00	10. BOND PREMIUM	\$0.00
12. EXEMPT-INTEREST DIVIDENDS	\$0.00	11. TAX-EXEMPT OID	\$0.00
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	\$0.00	*This may not be the correct figure to report on your income tax return. See instructions on the back.	
IRS 2024 FORM 1099-INT - INTEREST INCOME BOX OMB NO. 1545-0112		IRS 2024 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS BOX OMB NO. 1545-0715	
1. INTEREST INCOME	\$0.52	1d. PROCEEDS	\$158,428.90
2. EARLY WITHDRAWAL PENALTY	\$0.00	COVERED SECURITIES	\$158,428.90
3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	\$0.00	NONCOVERED SECURITIES	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00	1e. COST OR OTHER BASIS OF COVERED SECURITIES	\$152,699.43
5. INVESTMENT EXPENSES	\$0.00	1f. ACCRUED MARKET DISCOUNT	\$0.00
6. FOREIGN TAX PAID	\$0.00	1g. WASH SALE LOSS DISALLOWED	\$0.00
8. TAX-EXEMPT INTEREST	\$0.00	4. FEDERAL INCOME TAX WITHHELD	\$0.00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST	\$0.00		
10. MARKET DISCOUNT	\$0.00		
11. BOND PREMIUM	\$0.00		
12. BOND PREMIUM ON TREASURY OBLIGATIONS	\$0.00		
13. BOND PREMIUM ON TAX-EXEMPT BOND	\$0.00		
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.			

Is it in scope? If not, or unsure, which field(s) need more investigation?

Can the brokerage sales be entered from this 1099-B summary? Why, or why not?

EXAMPLE 11 State implications.

Page 4 of 6

VANGUARD MARKETING CORPORATION VANGUARD BROKERAGE	Account 843123XX
Detail for Dividends and Distributions	

2025 01/24/2026

This section of your tax information statement contains the payment level detail of your taxable dividends, capital gains distributions, Section 199A dividends, Section 897 dividends and capital gains, exempt-interest dividends, nondividend distributions and liquidation distributions. Also shown are the fair market values of any taxable stock dividends or noncash liquidation distributions.

Federal, state and foreign tax withheld and investment expenses are presented as negative amounts but do not net against the reportable income totals. All amounts are grouped by security, with the transactions listed in chronological order. Subtotals for each security are provided. For situations in which the tax character of a distribution (or part thereof) is different than at the time it was paid, endnotes are provided for further explanation.

Note that a payment characterized as a "Qualified dividend" is only issuer-qualified. There is also a holder level criteria for a dividend to be treated as Qualified. If the payment is from a common stock you are required to have held it for more than 60 days during the 121-day period that begins 60 days before the ex-dividend date of the dividend. If the dividend is from preferred shares and covers a period greater than 366 days, you must have held the preferred stock for more than 90 days during the 181-day period that begins 90 days before the ex-dividend date of the dividend.

Amounts presented in Box 2e as Section 897 Ordinary Dividends or Box 2f as Section 897 Capital Gains apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. The IRS has indicated that boxes 2e and 2f are not applicable to recipients that are U.S. individuals. You should consult your tax advisor for further information.

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
APPLE INC	037833100 AAPL		02/13/25	1.01	Qualified dividend	
			05/15/25	1.05	Qualified dividend	
			08/14/25	1.05	Qualified dividend	
			11/13/25	1.05	Qualified dividend	
				4.16	Total Dividends & distributions	
VNGRD MDCP GRW INVS	921946307 VMGRX		12/17/25	165.99	Long-term capital gain	
			12/17/25	22.36	Short-term capital gain	03
			12/17/25	4.83	Qualified dividend	03
				193.18	Total Dividends & distributions	
VNGRD WINDSOR 2 INVS	922018205 VWNFX		06/20/25	117.53	Qualified dividend	03
			12/17/25	1,276.91	Long-term capital gain	
			12/17/25	116.31	Qualified dividend	03
			12/17/25	79.12	Short-term capital gain	03
				1,589.87	Total Dividends & distributions	
VNGRD GRW IDX ADML	922908660 VIGAX		03/27/25	21.60	Qualified dividend	03
			03/27/25	0.10	Section 199A dividend	03
			06/30/25	16.27	Qualified dividend	03
			06/30/25	0.08	Section 199A dividend	03
			09/29/25	16.31	Qualified dividend	03
			09/29/25	0.08	Section 199A dividend	03
			12/22/25	16.09	Qualified dividend	03
			12/22/25	0.08	Section 199A dividend	03
				70.61	Total Dividends & distributions	
				1,857.82	Total Dividends & distributions	

Which items might contain income from US obligations? Use the percentages on the next page to determine total income from US obligations. Does your site have a guideline for when to calculate income from US obligations?

EXAMPLE 11 continued

Note that the percentages shown apply only dividend distributions, not long-term and short-term capital gains.

VANGUARD MARKETING CORPORATION VANGUARD BROKERAGE	Mutual Fund and UIT Supplemental Information	Account 843123XX
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2025

01/24/2026

The following information may be useful in the preparation of your federal and state income tax return(s). This information represents what was available at the time your tax statement was prepared. Although Vanguard aims to ensure the accuracy of the information contained in this supplement, we cannot guarantee that the information herein is all inclusive, will not be subject to change, or that a tax authority might disagree with the information herein or any tax position taken by a taxpayer in reliance upon the information in this supplement. Please contact your mutual fund or UIT directly if you need to verify or supplement this information. Vanguard cannot provide tax advice, and nothing herein should be considered tax advice. You should consult your own tax advisor regarding your specific situation.

VNGRD MDCP GRW INVS / 921946307 / VMGRX

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 2.49% (A detailed breakdown is shown below when available)

Agency	%	Agency	%	Agency	%
U.S. Treasury	1.77	Fed Farm Credit	0.01	TN Valley Auth	0.00
Fed Home Loan	0.71	Student Loan	0.00	Other Dir. Fed	0.00

VNGRD WINDSOR 2 INVS / 922018205 / VWNFX

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 4.24% (A detailed breakdown is shown below when available)

Agency	%	Agency	%	Agency	%
U.S. Treasury	3.02	Fed Farm Credit	0.01	TN Valley Auth	0.00
Fed Home Loan	1.21	Student Loan	0.00	Other Dir. Fed	0.00

VNGRD GRW IDX ADML / 922908660 / VIGAX

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 0.47% (A detailed breakdown is shown below when available)

Agency	%	Agency	%	Agency	%
U.S. Treasury	0.34	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.13	Student Loan	0.00	Other Dir. Fed	0.00

EXAMPLE 12 State implications

Review these excerpts from a Charles Schwab statement

Dividends and Distributions— 2024		Form 1099-DIV	
Department of the Treasury-Internal Revenue Service		Copy B for Recipient (OMB No. 1545-0110)	
Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)	\$	16,915.74
1b	Qualified Dividends	\$	10,381.48
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	\$	47,578.80
2b	Unrecap. Sec. 1250 Gain	\$	0.00
2c	Section 1202 Gain	\$	0.00
2d	Collectibles (28%) Gain	\$	0.00
2e	Section 897 Ordinary Dividends	\$	0.00
2f	Section 897 Capital Gains	\$	0.00
3	Nondividend Distributions	\$	0.00
4	Federal Income Tax Withheld	\$	0.00
5	Section 199A Dividends	\$	52.09
6	Investment Expenses	\$	0.00
7	Foreign Tax Paid	\$	253.67
8	Foreign Country or U.S. Possession	VARIOUS	
9	Cash Liquidation Distributions	\$	0.00
10	Noncash Liquidation Distributions	\$	0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)	\$	0.00
13	Specified Private Activity Bond Interest Dividends	\$	0.00
14	State		
15	State Identification No.		
16	State Tax Withheld	\$	0.00
11	FATCA Filing Requirement ☐		

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Ordinary Dividends					
Non-Qualified Dividends					
FIDELITY EQUITY DIVIDEND	FEQTX	316145101	\$ 0.00	\$ 1.32	\$ 1.32
FIDELITY GROWTH & INCOME	FGRIX	316389204	\$ 0.00	\$ 0.68	\$ 0.68
SCHWAB VALUE ADVANTAGE M	SWVXX	808515605	\$ 6,467.36	\$ 0.00	\$ 6,467.36
VANGUARD TOTAL STOCK	VTI	922908769	\$ 252.12	\$ (229.27)	\$ 22.85
VANGUARD 500 INDEX ADMIR	VFIAX	922908710	\$ 0.00	\$ 34.93	\$ 34.93
Total Non-Qualified Dividends (Included in Box 1a)			\$ 6,719.48	\$ (192.34)	\$ 6,527.14

If there is no supplemental information in the Charles Schwab statement, how would you determine if there are any state implications for 1099-DIV Box 1a Dividends?

Review with your Instructor to determine how this would be handled in your state.

EXAMPLE 13 State implications

Review this statement from Edward Jones.

This is not a Form 1099. The supplemental information below may contain foreign source income or state exclusions. You may be able to claim as a deduction on your tax return a portion of your foreign tax paid. If you have state exclusions that report the amount of income derived from federal, municipal and U.S. territory obligations, a portion of this amount may be excludable from state taxable income based upon the state's law. The information includes the state of issuance of the municipal bond or the state from which income is derived. This state is presumed to be your state of residency. Consult your tax professional as to how this information may impact your tax return.

Potential State Tax Exclusions from Governmental Obligations								
Security Name	CUSIP	Income	Federal Obligations Percent of Income	Exclusion Amount	Federal Home Loan Banks Percent of Income	Exclusion Amount	Federal Farm Credit Banks Percent of Income	Exclusion Amount
AMERICAN CAP INC BUILDER A	140193103	\$1,846.19	12.56000%	\$231.88		0.00		0.00
AMERICAN GROWTH FD OF AMER A	399874106	\$606.08	10.36000%	\$62.79		0.00		0.00
AMERICAN INVEST CO OF AMER A	461308108	\$2,512.56	8.02000%	\$201.51		0.00		0.00
Totals				\$496.18				
Total Income from exempt governmental obligations owned by you indirectly:								\$496.18
Potential State Tax Exclusions from Municipal and US Territory Obligations								
Security Name	CUSIP	Income	MISSOURI OBLIGATIONS Percent of Income	Exclusion Amount	U.S. Territories Obligations Percent of Income	Exclusion Amount		
AMERN TAX-EX BOND OF AMER A	876902107	\$2,843.45	1.48000%	\$42.08	0.96000%		\$27.30	
Totals				\$42.08			\$27.30	
Total State Income from Municipal and US Territory Obligations held Indirectly:								\$69.38
This additional tax information has been supplied to Edward Jones by outside sources. While we cannot assure the accuracy of this information, we believe it to be correct. This information is intended as a general guide and does not constitute tax advice. You should consult your tax professional or state tax authority to determine how this information may apply to your specific situation.								

Review with your Instructor to determine how

Your state obligations

 dled in your state.

Comprehensive Evans/Bryant (A)

User Notes

This exercise is designed for returning volunteers to refresh their tax law knowledge and tax software entry skills. It covers many (but not all) of the core subjects required to pass the IRS Advanced Exam. It also addresses common issues encountered at sites. While volunteers can complete this exercise independently, it is well suited for Instructors to use in the classroom for those returning volunteers who would like refresher training. As you make each entry, you can refer to the AGI and Refund Monitor answers available online to check your results. There is no state tax information included in this exercise. Instructors can add state tax information if desired, however, this exercise is not recommended for training on state tax returns.

Interview Notes

Janice and Carl have returned to your site again this year to file a joint tax return. You need to review the Intake Booklet as you go through the exercise: 1) ensure it is marked correctly, and 2) add additional notes in the grey sections.

The taxpayers listed three people in Part II Section 2 of the Intake/Interview & Quality Review Sheet (I&I Sheet):

- Yvonne is Carl and Janice's daughter. Terrence is Yvonne's son. Yvonne and Terrence moved in with Carl and Janice two years ago. Carl and Janice provide all of their support.
- Penelope is Janice's sister. She had a medical issue requiring major surgery last year. Penelope moved in with Carl and Janice to recover after her surgery. Penelope's only income is a small amount of Social Security. Carl and Janice provide more than 50% of Penelope's support.

Janice is a victim of identity theft and provides the IRS CP01A letter with an IP PIN of 796453.

Neither Janice nor Carl is eligible for employer sponsored health insurance. Penelope has Medicare which is paid from her Social Security income. Yvonne and Terrence are covered through the state low-income insurance program.

Income

- Carl served in the military for three years and received disability payments of \$250 per month from the VA as a result of injuries received during that service.
- Carl continued to work part time for Petroleum Oil & Gas which included some overtime work.
- Janice had a small IRA that she closed out. She said that she used the funds to help start her business.
- Carl states he started receiving his Alpine pension on May 1, 2019. He selected joint and survivor benefits.
- Carl paid into an employee retirement account during his employment and rolled it over to an individual IRA in 2026.
- Carl made a Qualified Charitable Distribution to St Paul's Church directly from his IRA.
- Janice was solvent at the time of the debt cancellation from Chase Card.
- Carl and Janice rent space on an empty parcel of land they own to Jerry's Local Honey.

Janice's business

After Janice retired from teaching, she started a small business out of her home in May 2026 typing medical transcripts. She worked for and received a Form 1099-NEC from Heartfelt Medical Center. She also received a 1099-K from a collaborative and payments by check from various local doctors. Janice maintained a business ledger and provided a summary of income and expenses.

Income

Heartfelt Medical Center	\$ 4,602.00
Doctors Collaborative	\$ 3,750.00
Checks from doctors	\$ 14,375.00

Expenses

Paper		\$ 251.34
Printer cartridges	\$ 189.49	
Liability insurance	\$ 300.00	
Advertising	\$ 92.16	

She does some driving for her business. She placed her car in service in May 2026 and has a written record of her mileage. They have two vehicles.

Mileage

Business		
Jan 1 – Jun 30	173	
Jul 1 – Dec 31	481	
Commuting		0
Other		6,346

Janice states she made estimated tax payments of \$400 on June 15th and September 15th 2026 and January 15th 2027.

Investment Income

- Janice inherited stock from her uncle when he died in 2020. The value of the stock on his date of death was \$105 per share. They also have a brokerage statement.
- Last year's Form 1040 showed -\$3000 on line 7, capital gain or (loss). This worksheet was in their 2025 tax package that they brought in.

JANICE EVANS & CARL BRYANT		015-00-1212																														
Worksheet 4-1. Capital Loss Carryover Worksheet		<i>Keep for Your Records</i> 																														
Use this worksheet to figure your capital loss carryovers from 2025 to 2026 if Schedule D (Form 1040), line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D (Form 1040), line 16, or (b) if the amount on your 2026 Form 1040, line 15, would be less than zero if you could enter a negative amount on that line. Otherwise, you do not have any carryovers.																																
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">1. Enter the amount from Form 1040, line 15. If the amount would have been a loss and if you could enter a negative number on that line, enclose the amount in parentheses</td><td style="width: 20%; text-align: right;">1. <u>31580</u></td></tr><tr><td>2. Enter the loss from Schedule D (Form 1040), line 21, as a positive amount</td><td style="text-align: right;">2. <u>3000</u></td></tr><tr><td>3. Combine lines 1 and 2. If zero or less, enter -0-</td><td style="text-align: right;">3. <u>34580</u></td></tr><tr><td>4. Enter the smaller of line 2 or line 3</td><td style="text-align: right;">4. <u>3000</u></td></tr><tr><td colspan="2" style="padding-top: 5px;">If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0- on line 5 and go to line 9.</td></tr><tr><td>5. Enter the loss from Schedule D (Form 1040), line 7, as a positive amount</td><td style="text-align: right;">5. <u>6282</u></td></tr><tr><td>6. Enter any gain from Schedule D (Form 1040), line 15. If a loss, enter -0-</td><td style="text-align: right;">6. <u>1463</u></td></tr><tr><td>7. Add lines 4 and 6</td><td style="text-align: right;">7. <u>4463</u></td></tr><tr><td>8. Short-term capital loss carryover to 2026. Subtract line 7 from line 5. If zero or less, enter -0-</td><td style="text-align: right;">8. <u>1819</u></td></tr><tr><td colspan="2" style="padding-top: 5px;">If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</td></tr><tr><td>9. Enter the loss from Schedule D (Form 1040), line 15, as a positive amount</td><td style="text-align: right;">9. _____</td></tr><tr><td>10. Enter any gain from Schedule D (Form 1040), line 7. If a loss, enter -0-</td><td style="text-align: right;">10. _____</td></tr><tr><td>11. Subtract line 5 from line 4. If zero or less, enter -0-</td><td style="text-align: right;">11. _____</td></tr><tr><td>12. Add lines 10 and 11</td><td style="text-align: right;">12. _____</td></tr><tr><td>13. Long-term capital loss carryover to 2026. Subtract line 12 from line 9. If zero or less, enter -0-</td><td style="text-align: right;">13. _____</td></tr></table>			1. Enter the amount from Form 1040, line 15. If the amount would have been a loss and if you could enter a negative number on that line, enclose the amount in parentheses	1. <u>31580</u>	2. Enter the loss from Schedule D (Form 1040), line 21, as a positive amount	2. <u>3000</u>	3. Combine lines 1 and 2. If zero or less, enter -0-	3. <u>34580</u>	4. Enter the smaller of line 2 or line 3	4. <u>3000</u>	If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0- on line 5 and go to line 9.		5. Enter the loss from Schedule D (Form 1040), line 7, as a positive amount	5. <u>6282</u>	6. Enter any gain from Schedule D (Form 1040), line 15. If a loss, enter -0-	6. <u>1463</u>	7. Add lines 4 and 6	7. <u>4463</u>	8. Short-term capital loss carryover to 2026. Subtract line 7 from line 5. If zero or less, enter -0-	8. <u>1819</u>	If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		9. Enter the loss from Schedule D (Form 1040), line 15, as a positive amount	9. _____	10. Enter any gain from Schedule D (Form 1040), line 7. If a loss, enter -0-	10. _____	11. Subtract line 5 from line 4. If zero or less, enter -0-	11. _____	12. Add lines 10 and 11	12. _____	13. Long-term capital loss carryover to 2026. Subtract line 12 from line 9. If zero or less, enter -0-	13. _____
1. Enter the amount from Form 1040, line 15. If the amount would have been a loss and if you could enter a negative number on that line, enclose the amount in parentheses	1. <u>31580</u>																															
2. Enter the loss from Schedule D (Form 1040), line 21, as a positive amount	2. <u>3000</u>																															
3. Combine lines 1 and 2. If zero or less, enter -0-	3. <u>34580</u>																															
4. Enter the smaller of line 2 or line 3	4. <u>3000</u>																															
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0- on line 5 and go to line 9.																																
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6. Enter any gain from Schedule D (Form 1040), line 15. If a loss, enter -0-	6. <u>1463</u>																															
7. Add lines 4 and 6	7. <u>4463</u>																															
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10. Enter any gain from Schedule D (Form 1040), line 7. If a loss, enter -0-	10. _____																															
11. Subtract line 5 from line 4. If zero or less, enter -0-	11. _____																															
12. Add lines 10 and 11	12. _____																															
13. Long-term capital loss carryover to 2026. Subtract line 12 from line 9. If zero or less, enter -0-	13. _____																															

Additional Information

- Janice took an on-line course on medical terminology to improve her skills for her business. The course was purchased from Corexcel, 201 Webster Bldg, 3411 Silverside Road, Wilmington, DE 19810. She paid \$495.00 for the course. Corexcel is not eligible to participate in student aid programs run by the US Department of Education (*Hint: the school must be an eligible educational institution to claim an education credit*).
- Janice paid \$675 in student loan interest. She accessed her account on her phone.
- Janice contributed \$1,500 to her traditional IRA.
- Carl bought a new car in 2026. The VIN is 1FMUK8DH7TGA98011. The new car was not used for Janice's business.

- Yvonne is a full-time student pursuing a nursing degree. She is in her junior year. She has not received four years of the AOTC. Yvonne has never been convicted of a crime. Yvonne purchased text books online for \$500. The scholarship is restricted to tuition and fees.
- Carl and Janice have daycare for their grandson when they are both working.

Possible Itemized Deductions

Carl and Janice provided a summary of expenses that include medical expenses they paid for Janice's sister. Medicare did not reimburse her sister's expenses.

Medical and Dental Expenses

Medicare (Carl)

\$ 2,434.80

Medicare (Penelope)

\$ 2,434.80

Medicare drug premium (Carl)

\$ 954.00

Private health insurance for 2026 (Janice)

\$ 4,820.00

Doctor bills (Penelope)

\$ 3,289.00

Ambulance

\$ 1,950.30

Hospital (Penelope)

\$ 5,538.45

Wheelchair (Penelope)

\$ 1,789.56

Dental insurance

\$ 1,135.00

Dental bills

\$ 2,300.00

Prescription co-pays

\$ 2,795.27

Hearing aids (Carl)

\$ 4,199.00

Long-term care insurance premiums (Janice)

\$ 2,450.00

Counseling program to stop smoking

\$ 800.00

Medical miles

Jan 1 – Jun 30 851

Jul 1 – Dec 31 995

Taxes Paid

Property tax (parcel of land)

\$

1,798.00

Personal property tax (value based)

\$ 389.00

Property taxes shown on Form 1098

\$ 5,907.76

Sales tax (new car for Carl)

\$

2,390.67

Use Zip Code 12345 for sales tax

Interest Paid

Interest paid on mortgage shown on Form 1098

\$ 6,367.49

Mortgage insurance premium shown on Form 1098 \$ 227.52

Gifts to Charity

St Paul's Church

\$ 2,500.00

Millsap County Elementary School

\$ 100.00

American Cancer Society

\$

1,000.00

Salvation Army (clothing)

\$

475.00

Gambling Losses

\$ 2,232.00

Driver's License (Tax Training Only)		
License No. 20260622231725		
Name and Address		
JANICE BALE EVANS		
8705 SOMERSBY WAY		
YC, YS YZIP		
		
Birth Date	01/15/1969	
Issue Date	01/02/2026	Expiration Date 01/15/2031

Driver's License (Tax Training Only)		
License No. 20260622231938		
Name and Address		
CARL LEONARD BRYANT		
8705 SOMERSBY WAY		
YC, YS YZIP		
		
Birth Date	02/08/1955	
Issue Date	01/22/2026	Expiration Date 02/08/2031

Social Security
015-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
JANICE BALE EVANS
For Tax Training Purposes Only

Social Security
115-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
CARL LEONARD BRYANT
For Tax Training Purposes Only

Social Security
215-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
TERRENCE JAMES THOMAS
For Tax Training Purposes Only

Social Security
315-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
YVONNE ANNE BRYANT
For Tax Training Purposes Only

Social Security
415-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
PENELOPE ANNE EVANS
For Tax Training Purposes Only

Form 13614-C (October 2026)	Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet	OMB Number 1545-1964
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You will need: <ul style="list-style-type: none">• Tax Information such as Forms W-2, 1099, 1098, 1095.• 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	<ul style="list-style-type: none">• Complete pages 1-4 of this form.• You are responsible for the information on your return. Provide complete and accurate information.• If you have questions, ask the IRS-certified volunteer preparer.
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Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov

Your first name <i>Janice</i>	M.I. <i>B</i>	Last name <i>Evans</i>	Your date of birth <i>1/15/1969</i>	Your job title <i>Retired Teacher</i>
Spouse's first name <i>Carl</i>	M.I. <i>L</i>	Last name <i>Bryant</i>	Spouse's date of birth <i>2/8/1955</i>	Spouse's job title <i>Retired Inspector</i>
Mailing address <i>8705 Somersby Way</i>		Apt #	City <i>Your City</i>	State <i>Your State</i>
Best contact number <i>295-555-1234</i>		Spouse's best contact number <i>295-565-3467</i>		
Email address (optional)				

Can anyone else claim you or your spouse on their tax return	☐ Yes	☒ No
Did you live in two or more states in 2026	☐ Yes	☒ No

Were you or your spouse in 2026:			Legally blind	☐ Yes	☐ Spouse	☒ No
A U.S. citizen	☒ You	☒ Spouse	Totally and permanently disabled	☐ Yes	☐ Spouse	☒ No
In the U.S. on a visa	☐ You	☐ Spouse	Issued an identity protection PIN (IPPIN)	☒ Yes	☐ Spouse	☐ No
A full-time student	☐ You	☐ Spouse	Owners or holders of any digital assets	☐ Yes	☐ Spouse	☒ No

If due a refund , how would you like your refund	If you have a balance due , how would you like to make your payment
☒ Direct deposit ☐ Split refund between accounts ☐ Other _____	☒ Bank account ☐ Other _____

Would you like to receive written communications from the IRS in a language other than English	☐ You	☐ Spouse	☒ No
What language _____			

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund	☐ You	☐ Spouse	☒ No
--	------------------------------	---------------------------------	--

As of December 31, 2026, what was your marital status			
☐ Never Married	☒ Married	If married, were you married on the last day of the year	
		☒ Yes ☐ No	
		Did you and your spouse live apart all of the last 6 months of the year	
		☐ Yes ☒ No	
☐ Divorced	☐ Legally Separated but not Divorced	☐ Widowed	
Date of final decree _____	Date of separate maintenance decree _____	Year of spouse's death _____	

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					Must be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2026	Single or Married as of 12/31/2026 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,300 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
<i>Terri Thomas</i>	<i>5/8/2021</i>	<i>Grandson</i>	<i>12</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>					
<i>Yvonne Bryant</i>	<i>3/13/2002</i>	<i>Daughter</i>	<i>12</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>					
<i>Penny Evans</i>	<i>3/17/1958</i>	<i>Sister</i>	<i>5</i>	<i>S</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2026:	(Must be completed by certified volunteer) Income to be included	Notes/Comments
☒ (B) Wages as a part-time or full-time employee How many jobs <u>7</u>	☐ (B) W-2s # _____ ☐ Qualified over-time # _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W-2)	
☒ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____ ☐ (A) Qualified Charitable Distribution From 1099-R \$ _____	
☒ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # _____	
☒ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☒ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☒ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # _____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense \$ _____	
☒ Income from renting personal property such as a vehicle		
☒ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☒ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☒ No Did you have GIG income (rideshare, food or grocery delivery, etc.) ☐ Yes ☒ No	☐ (A) Schedule C ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (i.e. 1099-MISC ; See Pub 4012 Tab D and Scope of Service Chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

<p>Paid any of the following expenses to itemize in 2026?</p> <p>☒ (A) Mortgage Interest</p> <p>☒ (A) Taxes: state, local, real estate, sales, etc.</p> <p>☒ (A) Medical, dental, prescription expenses</p> <p>☒ (A) Charitable contributions</p>	<p>(Must be completed by certified volunteer) Standard or Itemized Deductions</p> <p>☐ (A) 1098 # _____</p> <p>☐ (B) Standard deduction ☐ (A) Itemized deduction</p>	<p>Notes/Comments</p>
<p>Paid any of these expenses in 2026?</p> <p>☒ (B) Student loan interest</p> <p>☒ (B) Child and dependent care</p> <p>☐ (B/A) Contributions to a retirement account</p> <p>☐ (B) School supplies by a teacher, teacher's aide or other educator</p> <p>☐ (B) Alimony payments (do not include child support)</p>	<p>(Must be completed by certified volunteer) Expenses to report</p> <p>☐ (B) 1098-E</p> <p>☐ (B) Child and dependent care credit</p> <p>☐ (B/A) IRA (Basic if a Roth IRA or 401K)</p> <p>☐ (B) Educator expenses deduction \$ _____</p> <p>☐ (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income ☐ Yes ☐ No</p>	<p>Notes/Comments</p>
<p>Did any of the following happen during 2026?</p> <p>☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)</p> <p>☐ (A) Sell a home</p> <p>☐ (A) Have a health savings account (HSA)</p> <p>☐ (A) Purchase health insurance through the Marketplace (Exchange)</p> <p>☒ (A) Purchased a new vehicle</p> <p>☒ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender</p> <p>☐ (A) Have a loss related to a declared Federal disaster area</p> <p>☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)</p> <p>☐ Receive any letter or bill from the IRS</p> <p>☒ (B) Make estimated tax payments or apply last year's refund to 2026 taxes</p> <p>☒ Brought last year's return</p>	<p>(Must be completed by certified volunteer) Information to report</p> <p>☐ (B) Taxable scholarship income</p> <p>☐ (B) 1098-T (itemized statement from school, invoice, etc.)</p> <p>☐ (B) Education credit or tuition and fees deduction</p> <p>☐ (A) Sale of home (1099-S)</p> <p>☐ (A) HSA contributions ☐ (A) HSA distributions</p> <p>☐ (A) 1095-A</p> <p>☐ (A) 1098-VLI</p> <p>☐ (A) 1099-C</p> <p>☐ (A) 1099-A</p> <p>☐ Disaster relief impacts return</p> <p>☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____</p> <p>☐ Eligible for Low Income Taxpayer Clinic referral</p> <p>☐ (B) Estimated tax payments _____</p> <p>☐ (B) Last year's refund applied to this year _____</p> <p>☐ Last year's return available</p>	<p>Notes/Comments</p>

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☒ Yes	☐ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☒ Yes	☐ No	☐ Prefer not to answer		
5. What is your race and/or ethnicity? <u>Select all that apply</u>					
☐ American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)					
☐ Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)					
☐ Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)					
☐ Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)					
☐ Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)					
☐ Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)					
☒ White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)					
6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>					
☐ American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)					
☐ Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)					
☐ Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)					
☐ Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)					
☐ Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)					
☐ Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)					
☒ White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)					



The Internal Revenue Service proudly partners with the National Center for Missing & Exploited Children (NCMEC).

Scan this QR code with your smart device to find missing children near you.

Visit the National Center for Missing and Exploited Children website or call 800-843-5678 to help.

1. Enter Carl's W-2 and his overtime deduction.

a. Employee's social security number 115-00-XXXX		Save, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 25-6XXXXXX		1. Wages, tips, other compensation \$26,461.00		2. Federal income tax withheld \$2,646.00			
c. Employer's name, address, and ZIP code PETROLEUM OIL & GAS 624 KASPAR DRIVE INDIANAPOLIS IN 46204		3. Social security wages \$26,461.00		4. Social security tax withheld \$1,640.58			
		5. Medicare wages and tips \$26,461.00		6. Medicare tax withheld \$383.68			
		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 CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 TT \$2,840.00			
		13. Statutory Retirement Third-party Employee Plan sick pay ☐ ☐ ☐		12b.			
		14. Other		12c.			
				12d.			
15. State NY	Employer's state ID number 256XXXXXX	16. State wages, tips, etc. \$26,461.00	17. State income tax 975.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<div> <div>Form W-2 Wage and Tax Statement</div> <div>20XX</div> </div> <div> Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. </div>							

2. Enter Carl's Social Security.

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT	
20XX ○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ○ SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name CARL LEONARD BRYANT	Box 2. Beneficiary's Social Security Number 115-00-XXXX
Box 3. Benefits Paid in 20XX \$41,224.80	Box 4. Benefits Repaid to SSA in 20XX
Box 5. Net Benefits Paid for 20XX (Box 3 minus Box 4) \$41,224.80	
<div> <div> DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$35,436.00 Medicare Part B premiums deducted from your benefits \$2,434.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$954.00 Total Additions \$5,788.80 Benefits for 20XX \$41,224.80 Benefits for 20XX-1 Benefits for 20XX-2 Benefits for 20XX-3 </div> <div> DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld \$2,400.00 Box 7. Address CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP Box 8. Claim Number (use this number if you need to contact SSA) 115-00-XXXXA </div> </div>	
Form SSA-1099-SM	

3. Enter Janice's 1099-R distribution. If she qualifies for an exception on her early distribution, enter that information.

☐ CORRECTED (if checked)											
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. TEACHERS FEDERAL CREDIT UNION 174 WEST PIKE RD YC YS YZIP			1 Gross distribution <div style="text-align: right;">\$4,256.36</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">20XX</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS					
			2a Taxable amount <div style="text-align: right;">\$4,256.36</div>								
			2b Taxable amount not determined. ☐		Total Distribution ☒						
PAYER'S TIN <div style="text-align: center;">35-2XXXXXX</div>		RECIPIENT'S TIN <div style="text-align: center;">015-00-XXXX</div>		3 Capital gain (included in box 2a). 4 Federal income tax withheld <div style="text-align: right;">\$425.00</div>							
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities						
			7 Distribution Code(s) <div style="text-align: center;">1</div>		IRA/ SEP/ SIMPLE ☒		8 Other %				
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions						
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld		15 State/Payer's state no.		16 State distribution	
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution		
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service											

4. Enter Carl's Alpine pension.

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. ALPINE PENSION FUND 7588 PEACHTREE ST ATLANTA GA 30301			<div style="display: flex; justify-content: space-between;"> <div> 1 Gross distribution <div style="border: 1px solid black; padding: 2px; text-align: center;">\$13,456.00</div> </div> <div> OMB No. 1545-0119 <div style="font-size: 24pt; font-weight: bold;">20XX</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 2a Taxable amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div> Form 1099-R </div> </div>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined. ☒		Total Distribution ☐				
PAYER'S TIN <div style="border: 1px solid black; padding: 2px; text-align: center;">94-1XXXXXX</div>	RECIPIENT'S TIN <div style="border: 1px solid black; padding: 2px; text-align: center;">115-00-XXXX</div>	3 Capital gain (included in box 2a). <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4 Federal income tax withheld <div style="border: 1px solid black; padding: 2px; text-align: right;">\$1,374.00</div>			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			6 Net unrealized appreciation in employer's securities <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			7 Distribution Code(s) <div style="border: 1px solid black; padding: 2px; text-align: center;">7</div>	IRA/ SEP/ SIMPLE ☐	8 Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	% <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
			9a Your percentage of total distribution <div style="border: 1px solid black; padding: 2px; text-align: center;">%</div>		9b Total Employee Contributions <div style="border: 1px solid black; padding: 2px; text-align: right;">\$10,013.45</div>	
			10 Amount allocable to IRR within 5 years <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	11 1st year of desig. Roth contrib. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	12 FATCA filing requirement ☐	14 State tax withheld <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Account number (see instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			13 Date of payment <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	17 Local tax withheld <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	18 Name of locality <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	19 Local distribution <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service						

5. Enter Carl's retirement account rollover.

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. YALE BANK AND TRUST PO BOX 1674 CHICAGO IL 60601			<div style="display: flex; justify-content: space-between;"> <div> 1 Gross distribution <div style="border: 1px solid black; padding: 2px; text-align: center;">\$246,398.00</div> </div> <div> OMB No. 1545-0119 <div style="font-size: 24pt; font-weight: bold;">20XX</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 2a Taxable amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div> Form 1099-R </div> </div>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined. ☐		Total Distribution ☒				
PAYER'S TIN <div style="border: 1px solid black; padding: 2px; text-align: center;">27-2XXXXXX</div>	RECIPIENT'S TIN <div style="border: 1px solid black; padding: 2px; text-align: center;">115-00-XXXX</div>	3 Capital gain (included in box 2a). <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4 Federal income tax withheld <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			6 Net unrealized appreciation in employer's securities <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			7 Distribution Code(s) <div style="border: 1px solid black; padding: 2px; text-align: center;">G</div>	IRA/ SEP/ SIMPLE ☒	8 Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	% <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
			9a Your percentage of total distribution <div style="border: 1px solid black; padding: 2px; text-align: center;">%</div>		9b Total Employee Contributions <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
			10 Amount allocable to IRR within 5 years <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	11 1st year of desig. Roth contrib. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	12 FATCA filing requirement ☐	14 State tax withheld <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Account number (see instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			13 Date of payment <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	17 Local tax withheld <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	18 Name of locality <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	19 Local distribution <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service						

6. Enter Carl's Qualified Charitable Distribution.

☐ CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. YALE BANK AND TRUST PO BOX 1674 CHICAGO IL 60601			1 Gross distribution <div style="text-align: center;">\$2,500.00</div>		<div style="text-align: center;">OMB No. 1545-0119</div> <div style="font-size: 2em; font-weight: bold;">20XX</div> <div style="text-align: center;">Form 1099-R</div>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount				
PAYER'S TIN <div style="text-align: center;">27-2XXXXXX</div>			2b Taxable amount not determined. ☒		Total Distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS	
			3 Capital gain (included in box 2a).		4 Federal income tax withheld		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution Code(s) <div style="text-align: center;">Y7</div>	IRA/ SEP/ SIMPLE ☒	8 Other		%
			9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld		15 State/Payer's state no.	16 State distribution	
Account number (see instructions)		13 Date of payment	17 Local tax withheld		18 Name of locality	19 Local distribution	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service							

7. Enter the interest.

☐ CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIRST COAST CREDIT UNION PO BOX 167 YC, YS YZIP			Payer's RTN (optional)		<div style="text-align: center;">OMB No. 1545-0112</div> <div style="text-align: center;">Form 1099-INT</div> <div style="text-align: center;">(Rev. January, 2022)</div> <div style="text-align: center;">For calendar Year 20XX</div>	Interest Income	
			1 Interest income <div style="text-align: center;">\$238.00</div>				
PAYER'S TIN <div style="text-align: center;">25-7XXXXXX</div>			2 Early withdrawal penalty <div style="text-align: center;">\$23.00</div>		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported		
			3 Interest on US Savings Bonds and Treas. obligations				
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CARL LEONARD BRYANT 8705 SOMERSBY WAY YC, YS YZIP			4 Federal income tax withheld			5 Investment expenses	
			6 Foreign Tax Paid			7 Foreign Country or US possession	
			8 Tax exempt interest <div style="text-align: center;">\$45.00</div>			9 Specified private activity bond interest	
FATCA filing requirement ☐			10 Market Discount		11 Bond Premium		
			12 Bond premium on Treasury obligations		13 Bond Premium on tax-exempt bond		
Account number (see instructions) <div style="text-align: center;">237890</div>			14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State Identification no.	
Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service							

8. Enter the rental income.

☐ CORRECTED (if checked)					
PAYER'S name JERRY'S HONEY			1 Rents \$ 800.00	OMB No. 1545-0115 Form 1099-MISC (Rev. December 2026) For calendar year 20XX	
Street address 142 COUNTY RD 13		Room or suite no. 	2 Royalties \$	Miscellaneous Information Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
City or town YC		Telephone number 	3 Other income \$		
State or province YS	Country 	ZIP or foreign postal code YZIP	4 Federal income tax withheld \$		
PAYER'S TIN 44-5XXXXXX		RECIPIENT'S TIN 015-00-XXXX			
RECIPIENT'S name JANICE BALE EVANS			5 Fishing boat proceeds \$	6 Medical and health care payments \$	
Street address 8705 SOMERSBY WAY		Apt. no. 	7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐ \$	8 Substitute payments in lieu of dividends or interest \$	
City or town YC			9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	
State or province YS		Country 	11 Fish purchased for resale \$	12 Section 409A deferrals \$	
State or province YS		Country 	13a Cash tips \$	13b TTOC 	
FATCA filing requirement ☐			14 Overtime compensation \$	15 Nonqualified deferred compensation \$	
Account number (see instructions) 			16 State tax withheld \$	17 State/Payer's state no. 	
			\$	18 State income \$	
			\$	\$	
Form 1099-MISC (Rev. 12-2026) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service					

9. Enter the gambling winnings.

☐ CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STATE GAMBLING COMMISSION 578 DOLLAR TREE AVE YC, YS YZIP			1. Reportable winnings \$2,000.00	2. Date won 06/28/20XX	OMB No 1545-0238 Form W2-G Certain Gambling Winnings (Rev. December 2023) For calendar year 20 XX	
PAYER'S TIN 86-0XXXXXX			3. Type of wager SLOTS	4. Federal income tax withheld \$200.00		
			5. Transaction 			
PAYER'S Telephone number 800-555-1212			6. Race 	This information is being furnished to the IRS. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.		
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP			7. Winnings from identical wagers 			8. Cashier
			9. WINNER'S TIN 015-00-XXXX			10. Window
			11. First identification no. 			12. Second identification no.
			13. State/Payer's state identification no. 	14. State Winnings 		
			15. State income tax withheld 	16. Local Winnings 		
			17. Local income tax withheld 	18. Name of locality 		
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.						
Signature:			Date:			
Form W-2G						

10. Enter the 1099-C.

☐ CORRECTED (if checked)				Cancellation of Debt
CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. CHASE CARD SERVICES PO BOX 17799 WILMINGTON DE 19850-7799		1 Date of Identifiable Event 12/01/20XX	OMB No. 1545-1424	
		2 Amount of debt discharged \$2,834.89	Form 1099-C (Rev. January, 2022)	
		3 Interest if included in Box 2 \$237.46	For calendar Year 20 XX	
CREDITOR'S TIN 76-5XXXXXX	DEBTOR'S TIN 015-00-XXXX	4 Debt description CREDIT CARD		Copy B For Debtor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP		5 If checked, the debtor was personally liable for repayment of this debt ☒		
Account number (see instructions) XXXX-XXXX-XXXX-2398		6 Identifiable Event Code	7 Fair market value of property	
Form 1099-C (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service				

11. Enter Janice's Schedule C business income and expenses.

☐ CORRECTED (if checked)				OMB No. 1545-0116 Form 1099-NEC (Rev. December 2026) For calendar year 20XX		Nonemployee Compensation
PAYER'S name HEARTFELT MEDICAL CENTER					Copy B For Recipient	
Street address 674 WELLNESS RD		Room or suite no.				
City or town YC		Telephone number				
State or province YS	Country	ZIP or foreign postal code YZIP				
PAYER'S TIN 25-734XXXX			RECIPIENT'S TIN 015-00-XXXX		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name JANICE BALE EVANS			1a Nonemployee compensation \$ 4,602.00			
Street address 8705 SOMERSBY WAY			Apt. no.			
City or town YC			Telephone number			
State or province YS			Country		ZIP or foreign postal code YZIP	
			1b Cash tips \$		1c TTOC	
			1d Overtime compensation \$		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐	
			3 Excess golden parachute payments \$		4 Federal income tax withheld \$	
			5 State tax withheld \$		6 State/Payer's state no.	
Account number (see instructions)			7 State income \$			

Form **1099-NEC** (Rev. 12-2026) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)				OMB No. 1545-2205 Form 1099-K (Rev. December 2026) For calendar year 20XX		Payment Card and Third Party Network Transactions
FILER'S name DOCTORS COLLABRATIVE PAYMENT SERVICES					Copy B For Payee	
Street address THIRD PARTY ST		Room or suite no.				
City or town YC		Telephone number				
State or province YS	Country	ZIP or foreign postal code YZIP				
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☐ Electronic payment facilitator (EPF)/Other third party ☐			Check to indicate transactions reported are: Payment card ☐ Third party network ☐			This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
FILER'S TIN 95-5XXXXXX			PAYEE'S TIN 015-00-XXXX			
PAYEE'S name JANICE BALE EVANS			1a Gross amount of payment card/third party network transactions \$ 3,750.00			
Street address 8705 SOMERSBY WAY			Apt. no.			
City or town YC			Telephone number			
State or province YS			Country			
ZIP or foreign postal code YZIP			1b Card Not Present transactions \$			
PSE's name and telephone number			1c Cash tips \$			
Account number (see instructions)			1d TTOC			
2 Merchant category code			3 Number of payment transactions			
4 Federal income tax withheld \$			5a January \$			
5b February \$			5c March \$			
5d April \$			5e May \$			
5f June \$			5g July \$			
5h August \$			5i September \$			
5j October \$			5k November \$			
5l December \$			6 State income tax withheld \$			
7 State identification no.			8 State			
8 State						

Form **1099-K** (Rev. 12-2026) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

12. Enter Janice's sale of inherited stock.

☐ CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. LINCOLN INVESTMENT SERVICES 197 ESSEX AVE JACKSONVILLE FL 32209			Applicable Check Box on Form 8949		OMB No. 1545-0715 <div style="text-align: center; font-size: 24pt; font-weight: bold;">20XX</div> Form 1099-B
1a Description of Property (Example 100 sh. XYZ Co.) 24 SHARES ABC STOCK					
PAYER'S TIN 89-6XXXXXX			RECIPIENT'S TIN 015-00-XXXX		<div style="text-align: center; font-weight: bold;">Copy B For Recipient</div> <p style="font-size: 8pt;">This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP			1b Date acquired		
Account number (see instructions) 5629851			1c Date sold or disposed 08/19/20XX		
CUSIP number			1d Proceeds \$3,172.00		
FATCA filing requirement ☐			1e Cost or other basis		
14 State Name			1f Accrued Market Discount		
15 State identification no.			1g Wash sale loss disallowed		
16 State tax withheld			2 Short term gain or loss ☐ Long term gain or loss ☐ Ordinary ☐		
12 If checked, basis reported to IRS ☐			3 If checked, proceeds from: Collectables ☐ QOF ☐		
13 Bartering			4 Federal income tax withheld		
10 Unrealized profit or (loss) on open contracts			5 If checked, noncovered security ☒		
11 Aggregate profit or (loss) on open contracts			6 Reported to IRS Gross proceeds ☐ Net proceeds ☒		
12 If checked, basis reported to IRS ☐			7 If checked, loss is not allowed due to amount in 1d ☐		
13 Bartering			8 Profit or (loss) realized in 20XX on closed contracts		
10 Unrealized profit or (loss) on open contracts			9 Unrealized profit or (loss) on open contracts - (12/31/20XX)		
11 Aggregate profit or (loss) on open contracts			10 Unrealized profit or (loss) on open contracts		

Form **1099-B**
(keep for your records)
www.irs.gov/Form1099B
Department of the Treasury - Internal Revenue Service

13. Enter Carl and Janice's joint brokerage statement (see next pages).

13a. Enter interest and dividends

13b. Enter stock transactions



FIDELITY BROKERAGE SERVICES LLC
PO BOX 673000
DALLAS, TX 75267-3000

20XX TAX REPORTING STATEMENT

CARL L BRYANT

Account No. 656-XXXXX Customer Service: 518-391-4200

Recipient ID No. 115-00-XXXXX Payer's Fed ID Number: 04-3523567

00002700 02 AT 0 403 09002700 Envelope 9001 091742 02



CARL L BRYANT
JANET B EVANS
8705 SOMERSBY WAY
YC,YS,YZIP

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310

Form 1099-DIV*

20XX Dividends and Distributions

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

1a Total Ordinary Dividends	1,643.18	6 Foreign Tax Paid	0.00
1b Qualified Dividends	493.36	7 Foreign Country or U.S. Possession	0.00
2a Total Capital Gain Distributions (includes 2b - 2d)	57.24	8 Cash Liquidation Distributions	0.00
2b Unrecap. Sec 1250 Gain	0.00	9 Non-Cash Liquidation Distributions	0.00
2c Section 1202 Gain	0.00	10 Exempt Interest Dividends	0.00
2d Collectibles (28%) Gain	0.00	11 Specified Private Activity Bond Interest Dividends	0.00
3 Nondividend Distributions	1.45	12 State	0.00
4 Federal Income Tax Withheld	0.00	13 State Identification No.	0.00
5 Investment Expenses	0.00	14 State Tax Withheld	0.00

Form 1099-INT*

20XX Interest Income

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

1 Interest Income	194.47	8 Tax-Exempt Interest	0.00
2 Early Withdrawal Penalty	0.00	9 Specified Private Activity Bond Interest	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00	10 Market Discount	0.00
4 Federal Income Tax Withheld	0.00	11 Bond Premium	0.00
5 Investment Expenses	0.00	12 Tax-Exempt Bond CUSIP no.	0.00
6 Foreign Tax Paid	0.00	13 State	14 State Identification No
7 Foreign Country or U.S. Possession	0.00	15 State Tax Withheld	0.00

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



20XX TAX REPORTING STATEMENT

CARL L BRYANT

Account No. 656-XXXXX Customer Service: 518-391-4200
Recipient ID No. 115-00-XXXX Payer's Fed ID Number: 04-3523567

Form 1099-MISC*

20XX Miscellaneous Income

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

2 Royalties	0.00	16 State Tax Withheld	0.00
3 Other Income	0.00	17 State/Payer's State No.	
4 Federal Income Tax Withheld	0.00	18 State Income	0.00
8 Substitute Payments in Lieu of Dividends or Interest	0.00		

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions

Sales Price of Stocks, Bonds etc 24,492.521
Federal Income Tax Withheld 0.00
State/Payer's State No
State Tax Withheld 0.00

Proceeds from each of your security transactions are reported individually to the IRS. Refer to Form 1099-B section of this statement. Report proceeds individually for each security on the appropriate IRS tax return.

Summary of 20XX Original Issue Discount

Total Original Issue Discount 0.00
Total Original Issue Discount on U.S. Treasury Obligations 0.00

Original Issue Discount (OID) amounts are reported individually to the IRS. Refer to the Form 1099-OID pages in this statement, if applicable.

Dividends and other distributions sometimes must be reclassified by the issuer. As a result, we may be required to send you a corrected Tax Reporting Statement that may affect the information you report on your tax return.

* 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.



20XX^c TAX REPORTING STATEMENT

CARL L BRYANT[†]

Account No. 656-XXXXXX Customer Service: 518-391-4200

Recipient ID No. 115-90-XXXX Payer's Fed ID Number: 04-3523567

FORM 1099-B*

20XX^c 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

Proceeds are reported as **gross proceeds** unless otherwise indicated (a). (This Label is a Substitute for Boxes 2, 3, 5 & 6)

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

1a Description of property, Stock or Other Symbol, CUSIP										
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (b)	1f Code, if Any (c) 1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Tax	16 State Tax Withheld
DIREXION SHS ETF TR DAILY 20+ YR ISIN #U, TMV, 25459Y678										
Sale	65,000	11/20/XX [†]	12/12/XX [†]	2,108.55	2,506.36		-397.81			
TOTALS				2,108.55	2,506.36			0.00		
							0.00			
							-397.81			
						0.00				
						0.00				

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



20XX⁹ TAX REPORTING STATEMENT

CARL L. BRYANT⁹

Account No. 655-XXXX⁹ Customer Service: 518-391-4200
Recipient ID No. 115-00-XXXX⁹ Payer's Fed ID Number: 04-3523567

FORM 1099-B*

20XX⁹ 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

Proceeds are reported as **gross proceeds** unless otherwise indicated (a). (This Label is a Substitute for Boxes 2, 3, 5 & 6)

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

1a Description of property, Stock or Other Symbol, CUSIP										
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (b)	1f Code, If Any (c) 1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State	16 State Tax Withheld
POWERSHARES DB COMMODITY INDEX TRACKING, DBC, 73935S105										
Sale	80.000	07/12/11	12/12/XX ⁹	1,474.09	2,408.00		-933.91			
Sale	10.000	02/20/13	12/12/XX ⁹	184.26	280.91		-96.65			
Subtotals				1,658.35	2,688.91					
TOTALS				1,658.35	2,688.91			0.00		
			Box D Long-Term Realized Gain				0.00			
			Box D Long-Term Realized Loss				-1,030.56			
			Box D Wash Sale Loss Disallowed			0.00				
			Box D Market Discount			0.00				

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



20XX* TAX REPORTING STATEMENT

CARL L. BRYANT

Account No. 656-XXXXX Customer Service: 518-391-4200
Recipient ID No. 115-00-XXXX Payer's Fed ID Number: 04-3523567

FORM 1099-B*

20XX* 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
Proceeds are reported as **gross proceeds** unless otherwise indicated (a). (This Label is a Substitute for Boxes 2, 3, 5 & 6)

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

1a Description of property, Stock or Other Symbol, CUSIP										
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis (b)	1f Code, If Any (c) 1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Tax Withheld	16 State Tax Withheld
DEUTSCHE BK AG LONDON BRH POWERSHARES DB, SBND, 25154N530										
Sale	365.000	06/05/13	11/20/XX*	2,164.40	2,949.20		-784.80			
Sale	75.000	08/20/13	11/20/XX*	444.74	799.49		-354.75			
Subtotals				2,609.14	3,748.69					
ISHARES TIPS BOND ETF, TIP, 464267176										
Sale	10.000	07/12/11	02/24/XX*	8,116.48*	1,117.78		6,998.70*			
ORRSTOWN BK SHIPPENSBURG PA 1.25000% 12/, 687377BW0										
Redemption	10,000.000	05/16/13	12/12/XX*	10,000.00	10,000.00		0.00			
TOTALS				20,725.62*	14,866.47			0.00		
Box E Long-Term Realized Gain							5,889.15*			
Box E Long-Term Realized Loss							-0.00*			
Box E Wash Sale Loss Disallowed							0.00			
Box E Market Discount							0.00			

For any transaction listed on Form 1099-B in a section indicating that "basis is **reported** to the IRS", we are reporting to the IRS: 1a Description of Property, 2 type of gain or loss (i.e. short-term or long-term), 3 basis reported to IRS, 6 Gross or Net Proceeds, and columns 1b, 1c, 1d, 1e, 1f, 1g, 4, 7, 14, 15 and 16. We are not reporting to the IRS: the Action, the Gain / Loss, and all subtotals and totals.

For any section 1256 option contracts we are reporting to the IRS: 1a Description of Property and totals for boxes 8, 9, 10 and 11.

For any transaction listed on Form 1099-B in a section indicating that "basis is **not reported** to the IRS", we are reporting to the IRS: 1a Description of Property, 5 Noncovered security, 6 Gross or Net Proceeds, and columns 1c, 1d, 4, 14, 15 and 16. We are not reporting to the IRS: 1c type of gain or loss (i.e. short-term or long-term), the Action, the Gain / Loss, columns 1b, 1e, 1f, 1g, 2, 3 and 7 and all subtotals and totals.

Although Fidelity makes every effort to provide accurate information, please bear in mind that you, the taxpayer, are ultimately responsible for the accuracy of your tax returns.

* 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.

14. Enter the 2025 capital loss carryover.

15. Enter Janice's IRA contribution.

16. Enter Janice's student loan interest.

17. Enter Carl's new vehicle loan interest deduction.

☐ CORRECTED (if checked)					
RECIPIENT'S/LENDER'S name FIRST COAST CREDIT UNION				* Caution: The amount shown may not be fully deductible by you. Limits based on the amount of interest paid, your income, and the passenger vehicle may apply. Generally, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-2334
Street address PO BOX 167			Room/suite no.		Form 1098-VLI (December 2026)
City/town YC	State/province YS	Country	ZIP/foreign code YZIP		For calendar year 20XX
Telephone number:					
RECIPIENT'S/LENDER'S TIN 25-7XXXXXX		PAYER OF RECORD'S TIN 115-00-XXXX		1 Vehicle loan interest received by lender*	
				\$ 1842.35	
PAYER OF RECORD'S name CARL LEONARD BRYANT				2a Year 2026	2b Make FORD
Street address 8705 SOMERSBY WAY			Apt. no.	2c Model EXPLORER	2d VIN 1FMUK8DH7TGA98011
City/town YC	State/province YS	Country	ZIP/foreign code YZIP	3a Loan origination date 09/22/20XX	3b Loan acquisition date 09/22/20XX
Account number (see instructions)				4 Outstanding principal \$ 23,728.65	5 Refund of overpaid interest \$
Form 1098-VLI (12-2026) (keep for your records) www.irs.gov/Form1098VLI Department of the Treasury - Internal Revenue Service					

**Vehicle
Loan Interest
Statement**

**Copy B
For Payer of
Record**
This is important tax information and is being furnished to the IRS. 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 vehicle loan interest.

18. Enter Schedule A itemized deductions including information on Form 1098.

☐ CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP of foreign postal code, and telephone no. US BANK NATIONAL ASSOCIATION 4801 FEDERICA ST OWENSBORO KY 42301		<div style="display: flex; justify-content: space-between;"> <div> <p><small>* 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.</small></p> <p>OMB No. 1545-1380</p> <p>Form 1098 (Rev. January, 2022)</p> <p>For calendar Year 20XX</p> </div> <div style="text-align: right;"> <p>Mortgage Interest Statement</p> </div> </div>	
RECIPIENT'S/LENDER'S TIN 31-084XXXX		PAYER'S/BORROWER'S TIN 015-00-XXXX	
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP		<div style="display: flex; justify-content: space-between;"> <div> <p>1. Mortgage interest received from payer(s)/borrower(s) *</p> <p style="text-align: right;">\$6,367.49</p> </div> <div> <p>2. Outstanding mortgage principal</p> <p style="text-align: right;">\$120,678.34</p> </div> </div>	
9. Number of properties securing the mortgage		10. Other PROPERTY TAX \$5907.76	
Account number (see instructions)		8. Address or description of property securing mortgage	
11. Mortgage acquisition date		<div style="display: flex; justify-content: space-between;"> <div> <p>3. Mortgage origination date</p> <p style="text-align: right;">05/23/2007</p> </div> <div> <p>4. Refund of overpaid interest</p> <p style="text-align: right;">\$227.52</p> </div> </div>	
6. Points paid on purchase of principal residence		7. ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
<p>Form 1098 (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service</p>			

19. Enter Yvonne's tuition form and education expenses.

☐ CORRECTED (if checked)			
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone number NORTHERN KENTUCKY UNIVERSITY 1800 NUNN DRIVE FOUNDERS HILL CITY STATE ZIP		<div style="display: flex; justify-content: space-between;"> <div> <p>1 Payments received for qualified tuition and related expenses</p> <p style="text-align: right;">\$10,600.00</p> </div> <div> <p>OMB No. 1545-1574</p> <p style="font-size: 2em; font-weight: bold;">20XX</p> <p>Form 1098-T</p> </div> </div>	
FILER'S employer identification no. 46-9XXXXXX		STUDENT'S TIN 315-00-XXXX	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code YVONNE BRYANT 8705 SOMERSBY WAY YC, YS YZIP		<div style="display: flex; justify-content: space-between;"> <div> <p>3</p> </div> <div> <p>4 Adjustments made for a prior year</p> </div> </div>	
Service Provider/Acct No. (see instr.)		5 Scholarships or grants \$5,000.00	
8. Checked if at least half-time student ☒		6 Adjustments to scholarships or grants for a prior year	
9 Checked if a graduate student ☐		7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 20XX+1. ☐	
10 Ins. contract reimb./refund		<div style="text-align: right;"> <p>Copy B For Student</p> <p>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.</p> </div>	
<p>Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service</p>			

20. Enter Terri's daycare expenses.

RECEIPT

TINY TOTS DAY CARE
1532 ESSEX STREET
YC, YS YZIP
727-365-3278
EIN: 56-9XXXXXX

12/15/XXXX

1221

BILL TO

CARL BRYANT
8705 SOMERSBY WAY
YC, YS YZIP

	DESCRIPTION	QTY	UNIT PRICE	TOTAL
	DAYCARE FOR TERRI THOMAS			4200.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			SUBTOTAL	4200.00
			TAX RATE	0.00%
			TOTAL TAX	0.00
			Paid \$	4,200.00

21. Enter Janice's estimated tax payments.

After the return is complete, enter the check information.

CARL LEONARD BRYANT JANICE BALE EVANS 8705 SOMERSBY WAY YC, YS YZIP	1234
PAY TO THE ORDER OF	
	\$ <input type="text"/>
	DOLLARS
FIRST COAST CREDIT UNION PO Box 167 YC, YS YZIP	
For	
⑆022300173⑆ 75 3295 142⑈ 1234	

Appendix

Exercise Issues Matrix for Core and Proficiency Exercises

Exercise Issues Matrix for Core and Proficiency Exercises	Core						Proficiency					Classroom			
	Allman	Bogdan	Chicory	Dauphine	Egret	Fitzgerald	Gerard	Hendricks	Isenberg	Janisch	Marshall	Andrews	Baker	Caldwell	Davenport
Approx AGI	39K	49K	48K	35K	29K	78K	54K	59K	64K	32K	123K	21K	42K	57K	73K
TP or SP 65 or older or blind	X			X		X	X			X		X			X
3 Generation household								X						X	
Wages		D C,AA	D		W,DD		D,DD W,TT	D,DD TP			D,DD W	X	D,TT , TP	E,DD C,W	
Interest or Dividends					X	X	X		X			X		X	X
U.S. obligations or Tax-exempt					US,Ex	US,Ex	U.S.		Ex			U.S.		US,Ex	US,Ex
1099-R IRA	7		4	Y,Roll			7	1		7		7		1	7
1099-R Pension or annuity	7			CSA		PSO				7D	DFAS				
1099-R Simplified method						?			X						X
Social security benefits	X			X		X	X		X	X		X			X
Capital gain /loss /carryover						X								X	X
Sch 1 Unemployment								X					X		
Sch 1 Gambling winnings **						X					X		X		
Sch C Self-employment					?					X				X	
Sch 1 State tax refund						X								X	
Sch 1 Educator expenses **		X									X			X	
Sch 1 Student loan interest						X							X		
Qualified business income ded.						X								X	
Sch 1 IRA contributions					X						X				
Sch 1 SEHI Self Employed Health Insurance										X				?	
Charitable Donations **		X		X		X	X		X		X		X	X	X
Itemized Deductions **						X					X			?	X
Child / dependent care credit **			X										X		
Child tax credit / other dependent		X	X					X	?				X		
Additional child tax credit		X	X					X					X		
Deceased spouse		X		X											
Earned income credit		X	X										X		
Form 8863 Education credit								X		?				X	
Form 8962 Marketplace health ins			X										X		
Health Savings Account (HSA)					X		X		X		X			X	
Retirement savings contributions credit			X		X		X						X	?	
No tax on tips								W2		NEC			W2		
No tax on overtime			Box 14				W2						W2		
No tax on car loan interest				X							X			X	
Enhanced deduction for seniors	X			X		X	X			X		X			X
Premium Tax Credit			X										X		
Taxpayer Balance Due						X			X						

Key: CSA= Federal pension; Roll= Rollover; Y= Qualified Charitable Dist; DFAS= Military; D= Annuity; PSO= Public Safety Officer

** Tax Law changes in TY26 resulting in different answers compared to TY25; refer to NTTC 4491 Important Changes

? = Tax issue is presented; Counselor needs to correctly apply tax law

Errata

8/3/2026

Changes below are primarily for clarity and to reduce confusion. If there is a change to the answer, it is noted.

8/3/2026. The mileage rate for Schedule C business miles and Schedule A medical miles increased as of 7/1/2026. This impacts: Fitzgerald (medical miles), Janisch (business miles), Caldwell (business miles), and Davenport (medical miles). You should prorate the miles, where half the miles should be attributed to the first half of the year, and half in the second half of the year. The printed AGI's for Janisch and Caldwell will be incorrect, since there is a higher mileage deduction on Schedule C for the second half of the year, impacting the net business profit. Answers will be updated after TaxSlayer is released.

8/3/2026. Chicory. Remove Theodore from the 1095-A. This 1095-A would make the taxpayer out of scope, since there is someone on the 1095-A marketplace health insurance who is not being claimed on the tax return, which makes it a shared policy. It does not change the answer.

The Chicory Form 1095-A has been corrected as of 9/1/26