# Advanced Course Scenarios and Test Questions

**Directions**

The first six scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.** Assume that each taxpayer qualifies for credits or favorable tax treatment, unless the facts indicate otherwise.

For fill in the blank questions: Round to the nearest whole number, do not use special characters: dollar sign ($), comma (,), or period(.)

## Advanced Scenario 1: Fay Lewis

**Interview Notes**

- Fay's husband, Joe, moved out of their home in March of 2024. Fay has had no contact with Joe since he moved out. Fay and Joe are not legally separated.
- Fay has one child, Sallie, age 11. She will claim Sallie as a dependent on her 2026 tax return.
- Fay is 31 years old.
- Fay earned $46,000 in wages (including $1,000 in qualified tips reported on her Form W-2). Fay received $75 of interest.
- Fay paid all the costs of keeping up her home. She provided over half of the support for Sallie.
- They all are U.S. citizens and have valid Social Security numbers. They lived in the U.S. all year.

## Advanced Scenario 1: Test Questions

1. Fay does not qualify for Head of Household filing status.

   a. True
   b. False

2. Who qualifies to claim the Earned Income Credit (EIC) also known as Earned Income Tax Credit (EITC) for Sallie?

   a. Fay
   b. Joe
   c. Both Fay and Joe
   d. Neither Fay nor Joe

3. Fay is required to report her qualified tips as income and is allowed to take an Additional Deduction for Qualifying Tips on her federal tax return.

   a. True
   b. False

## Advanced Scenario 2: Frank and Molly Spring

**Interview Notes**

- Frank and Molly are married and want to file a joint return.
- Frank and Molly are both U.S. citizens and have valid Social Security numbers. They resided in the United States all year with their children.
- Frank and Molly have two children, Betty, age 8, and David, age 17. Betty and David are U.S. citizens and have valid Social Security numbers.
- Frank earned $33,000 in wages.
- Molly earned $21,000 in wages.
- In order to work, the Springs paid $2,000 to their son, David, to care for Betty after school.
- Frank and Molly provided all of the support for their two children.

## Advanced Scenario 2: Test Questions

**4.** For whom can Frank and Molly claim the Child Tax Credit (CTC).

**a.** Betty
**b.** David
**c.** Both David and Betty
**d.** Neither David nor Betty

**5.** The Springs do not qualify for the Child and Dependent Care Credit.

**a.** True
**b.** False

## Advanced Scenario 3: Donna Johnston

**Interview Notes**

- Donna Johnston, age 58, is single.
- Donna earned wages of $51,000 and was enrolled the entire year in a high deductible health plan (HDHP) with self-only coverage.
- During the year, Donna contributed $2,100 to her Health Savings Account (HSA), and her uncle also contributed $1,000 to Donna's HSA.
- Donna's Form W-2 shows $1,200 in Box 12 with code W. She has Form 5498-SA showing $4,300 in Box 2.
- Donna has Form 1099-SA showing her HSA distributions. She used her distributions to pay the following unreimbursed expenses:
  - $900 for nine visits to a physical therapist after her knee surgery
  - $1,400 unreimbursed doctor bills
  - $440 prescription medicine
  - $2,000 replacement of a crown
  - $700 deep cleaning for teeth
  - $40 over the counter medication
  - $260 gym membership (for her general health and fitness)
- Donna is a U.S. citizen with a valid Social Security number.

## Advanced Scenario 3: Test Questions

**6.** Donna is eligible to contribute an additional $_____ to her HSA because she is age 55 or older.

**a.** $2,000
**b.** $1,100
**c.** $1,000
**d.** $0

**7.** Looking at Form 8889, Health Savings Accounts (HSA), Part I is used to report contributions made by _____.

**a.** Donna
**b.** Donna's uncle
**c.** Donna's employer
**d.** All of the above

**8.** What is the total unreimbursed qualified medical expenses reported on Form 8889, Part II?

**a.** $5,440
**b.** $5,480
**c.** $5,700
**d.** $5,740

## Advanced Scenario 4: Olivia Peas

**Interview Notes**

- Olivia, age 62, is single. She owns her home and provided all the costs of keeping up her home for the entire year. Her only income for 2026 was $48,700 in Form W-2 wages.
- Jill, age 24, and her daughter Grace, age 5, have lived with Jill's mother, Olivia, since Jill separated from her spouse in May of 2025. Jill's only income for 2026 was $24,000 in wages. Jill provided over half of her own support. Grace did not provide more than half of her own support.
- Jill will not file a joint return with her spouse.
- All individuals in the household are U.S. citizens with valid Social Security numbers; no one has a disability; and they lived in the United States all year.

## Advanced Scenario 4: Test Questions

**9.** Which of the following statements is true:

**a.** Jill may not claim Grace as a dependent since Olivia paid all of their housing costs.

**b.** Only Jill may claim Grace as a dependent since Grace is her daughter.

**c.** Only Olivia may claim Grace as a dependent since her income is higher than Jill's income.

**d.** Olivia may claim Grace as a dependent if Jill chooses not to claim her.

**10.** Grace is a qualifying child for Jill to claim the Earned Income Tax Credit (EITC).

**a.** True

**b.** False

## Advanced Scenario 5: Max Stone

**Interview Notes**

- Max is 54 years old and files as single.
- His 2026 adjusted gross income (AGI) is $52,000, which includes gambling winnings of $3,000.
- Max would like to itemize his deductions on Form 1040 Schedule A this year.
- Max brings documents for the following items:
  - $10,500 hospital and doctor bills
  - $1,000 contributions to Health Savings Account (HSA)
  - $3,600 state withholding (higher than the calculated state sales tax deduction)
  - $500 personal property taxes based on the value of the vehicle
  - $800 friend's personal GoFundMe campaign
  - $500 cash contributions to the Red Cross
  - $200 fair market value of clothing (in good used condition) donated to the Salvation Army (Max purchased the clothing for $900)
  - $7,300 mortgage interest
  - $2,300 real estate tax
  - $1,600 Mortgage Insurance Premiums
  - $2,000 gambling losses

## Advanced Scenario 5: Test Questions

**11.** Max can claim the $1,600 Mortgage Insurance Premiums (MIP) as a deduction on his Form 1040, Schedule A.

**a.** True

**b.** False

**12.** What amount of gambling losses is Max eligible to claim as a deduction on his Form 1040, Schedule A?

**a.** $0

**b.** $1,000

**c.** $1,800

**d.** $2,000

## Advanced Scenario 6: Vince Baldy

**Interview Notes**

- Vince Baldy is 28 years old and single. He provides all of his own support.
- Vince works at a gas station and earned $20,000 in wages.
- Vince is a full-time student in his second year at the state college pursing a bachelor degree. Vince does not have a felony drug conviction. He wants to know if that qualifies for any educational tax benefit.
- Vince took two early distributions from his IRA which had a balance of $5,000. One was $2,000 for tuition, and the other was $750 for emergency car repairs. This is the first time he has taken a distribution from his IRA.
- Vince is a U.S. citizen and lived in the U.S. for the entire year. He has a valid Social Security number.

## Advanced Scenario 6: Test Questions

**13.** Vince is eligible to claim the American Opportunity Tax Credit (AOTC) on his 2026 tax return.

**a.** True
**b.** False

**14.** For which of the following IRA distributions will Vince not owe an additional tax of 10%?

**a.** $2,000 for tuition
**b.** $750 for emergency car repairs
**c.** Both a and b
**d.** Neither a nor b

# Advanced Scenario 7: Robert and Carol Williams

### Directions

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

*When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.*

### Interview Notes

- Robert and Carol are married and choose to file Married Filing Jointly on their 2026 tax return.
- Robert is a kindergarten teacher at a public school. He worked a total of 1,600 hours in 2026. During the school year, he spent $300 on unreimbursed classroom expenses.
- Carol retired in 2023 and began receiving her pension on November 1st of that year. She explains that this is a joint and survivor annuity. She has already recovered $1,499 of the cost of the plan.
- Robert settled with his credit card company on an outstanding bill and brought the Form 1099-C to the site. They aren't sure how it will impact their tax return for tax year 2026. The Williams determined that they were solvent as of the date of the canceled debt.
- Carol won $800 from a prize drawing.
- Their daughter, Debbie, is in her fifth year of college pursuing a bachelor's degree in Physics at a qualified educational institution. The Williams provided Form 1098-T and an account statement from the college that included additional expenses. On Form 1098-T for the previous tax year, Box 7 was not checked. The Williams paid $1,500 for books and equipment purchased online, which were required for Debbie's courses. The Williams have already claimed the American Opportunity Tax Credit for the last four years.
- Debbie does not have a felony drug conviction.
- They are all U.S. citizens with valid Social Security numbers.



| Form **13614-C** (October 2026) | Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet** | OMB Number 1545-1964 |
|---|---|---|

**You will need:**
- 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

- 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.

**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 | M.I. | Last name | Your date of birth | Your job title |
|---|---|---|---|---|
| ROBERT | | WILLIAMS | 05/01/1959 | TEACHER |
| **Spouse's first name** | **M.I.** | **Last name** | **Spouse's date of birth** | **Spouse's job title** |
| CAROL | | WILLIAMS | 10/08/1955 | RETIRED |

| Mailing address | Apt # | City | State | ZIP code |
|---|---|---|---|---|
| 1234 CHARITY AVENUE | | YOUR CITY | YS | YOUR ZIP |

| Best contact number | Spouse's best contact number | Email address *(optional)* |
|---|---|---|
| YOUR PHONE NUMBER | | |

**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:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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
☒ Direct deposit ☐ Split refund between accounts ☐ Other _____

**If you have a balance due**, how would you like to make your payment
☒ 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 |
| DEBBIE WILLIAMS | 07/05/2005 | DAUGHTER | 12 | S | YES | YES | YES | NO | NO | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**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<br>How many jobs 1 | ☐ (B) **W-2s** #<br>☐ 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) #<br>☐ (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 $<br>☐ (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<br>Did you report a loss on last year's return ☐ Yes ☒ No | ☐ (A) **1099-B** (include brokerage statement) #<br>☐ Capital loss carryover ☐ Yes ☐ No | |
| ☐ (B) Alimony | ☐ (B) Alimony $<br>Excluded from income ☐ Yes ☐ No | |
| ☐ (A/M) Income from renting out your house or a room in your house<br>If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No<br>☐ Income from renting personal property such as a vehicle | ☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)<br>☐ 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<br>Did you report a loss on last year's return ☐ Yes ☒ No<br>Did you have GIG income (rideshare, food or grocery delivery, etc.) ☐ Yes ☐ No | ☐ (A) **Schedule C**<br>☐ **1099-NEC** #<br>☐ **1099-K** #<br>☐ Schedule C expenses $ | |
| ☒ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits) This is for Carol's prize drawing | ☐ 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.**

| **Paid any of the following expenses to itemize in 2026?** | **(Must 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 2026?** | **(Must 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 $ _____<br>Adjustment to income ☐ Yes ☐ No | |
| **Did any of the following happen during 2026?** | **(Must 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<br>☐ (B) **1098-T** (itemized statement from school, invoice, etc.)<br>☐ (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) Purchased a new vehicle | ☐ (A) **1098-VLI** | |
| ☒ (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**<br>☐ 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<br>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 2026 taxes | ☐ (B) Estimated tax payments _____<br>☐ (B) Last year's refund applied to this year | |
| ☐ Brought last year's return | ☐ Last year's return available | |

## 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? Select all that apply

- ☐ **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? Select all that apply

- ☐ **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.

**Additional Notes/Comments**

## Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

22222

a Employee's social security number: 416-00-XXXX

OMB No. 1545-0029

b Employer identification number (EIN): 35-700XXXX

c Employer's name, address, and ZIP code:
ROOSEVELT SCHOOL DISTRICT
244 HARVARD STREET
YOUR CITY, YOUR STATE, ZIP

| | |
|---|---|
| 1 Wages, tips, other compensation | $46,500.00 |
| 2 Federal income tax withheld | $4,500.00 |
| 3 Social security wages | $48,500.00 |
| 4 Social security tax withheld | $3,007.00 |
| 5 Medicare wages and tips | $48,500.00 |
| 6 Medicare tax withheld | $703.25 |
| 7 Social security tips | |
| 8 Allocated tips | |
| d Control number | |
| 9 | |
| 10 Dependent care benefits | |
| 11 Nonqualified plans | |
| 12a Code D | $2,000.00 |
| 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ | |
| 12b Code | |
| 14a Other | |
| 12c Code | |
| 12d Code | |
| 14b Treasury Tipped Occupation Code(s) | |

e Employee's first name and initial: ROBERT
Last name: WILLIAMS
Suff.

1234 CHARITY AVENUE
YOUR CITY, YOUR STATE, ZIP

f Employee's address and ZIP code

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| YS | 57-200XXXX | $46,500.00 | $800 | | | |

Form **W-2** Wage and Tax Statement 2026

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

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

LIBERTY ENTERPRISES
225 ONEIDA AVENUE
YOUR CITY, YOUR STATE, ZIP

OMB No. 1545-0119

2025

Form **1099-R**

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

**Copy 1**
**For State, City, or Local Tax Department**

| | |
|---|---|
| 1 Gross distribution | $ 23,400.00 |
| 2a Taxable amount | $ |
| 2b Taxable amount not determined ☑ Total distribution ☐ | |
| PAYER'S TIN | 41-200XXXX |
| RECIPIENT'S TIN | 417-00-XXXX |
| 3 Capital gain (included in box 2a) | $ |
| 4 Federal income tax withheld | $ 2,340.00 |
| RECIPIENT'S name | CAROL WILLIAMS |
| 5 Employee contributions/ Designated Roth contributions or insurance premiums | $ |
| 6 Net unrealized appreciation in employer's securities | $ |
| Street address (including apt. no.) | 1234 CHARITY AVENUE |
| 7 Distribution code(s) | 7 |
| IRA/ SEP/ SIMPLE ☐ | |
| 8 Other | $ % |
| City or town, state or province, country, and ZIP or foreign postal code | YOUR CITY, YOUR STATE, ZIP |
| 9a Your percentage of total distribution % | |
| 9b Total employee contributions | $ 15,000.00 |
| 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** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2026** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

| Box 1. Name | Box 2. Beneficiary's Social Security Number |
|---|---|
| CAROL WILLIAMS | 417-00-XXXX |

| Box 3. Benefits Paid in 2026 | Box 4. Benefits Repaid to SSA in 2026 | Box 5. Net Benefits for 2026 *(Box 3 minus Box 4)* |
|---|---|---|
| $25,182 | | $25,182 |

**DESCRIPTION OF AMOUNT IN BOX 3**

**Paid by check or direct deposit: $20,229**

**Medicare Part B premiums deducted from your benefits: $2,435**

**Total additions:**

**Benefits for 2026: $25,182**

**DESCRIPTION OF AMOUNT IN BOX 4**

Box 6. Voluntary Federal Income Tax Withholding

$2,518

Box 7. Address

1234 CHARITY AVENUE
YOUR CITY, YOUR STATE, ZIP

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

Form **SSA-1099-SM** (6/2020) **DO NOT RETURN THIS FORM TO SSA OR IRS**

☐ CORRECTED (if checked)

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

LIBERTY ENTERPRISES
225 ONEIDA AVENUE
YOUR CITY, YOUR STATE, ZIP

**1** Date of identifiable event: 09/25/2026

**2** Amount of debt discharged: $ 1,000.00

**3** Interest, if included in box 2: $

OMB No. 1545-1424
Form **1099-C**
(Rev. April 2025)
For calendar year 2026

**Cancellation of Debt**

| CREDITOR'S TIN | DEBTOR'S TIN |
|---|---|
| 31-700XXXX | 416-00-XXXX |

DEBTOR'S name

ROBERT WILLIAMS

Street address (including apt. no.)

1234 CHARITY AVENUE

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

YOUR CITY,YOUR STATE, ZIP

Account number (see instructions)

**4** Debt description: CREDIT CARD

**5** If checked, the debtor was personally liable for repayment of the debt . . . . . ☑

**6** Identifiable event code

**7** Fair market value of property: $

**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.

Form **1099-C** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service

☐ CORRECTED

| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number | 1 Payments received for qualified tuition and related expenses | OMB No. 1545-1574 |
|---|---|---|
| CLARK COMMUNITY COLLEGE<br>10 COLLEGE AVENUE<br>YOUR CITY, YOUR STATE, ZIP | $ 5,722.00<br>2 | 2025<br>Form 1098-T |

**Tuition Statement**

| FILER'S employer identification no. | STUDENT'S TIN | 3 | |
|---|---|---|---|
| 38-800XXXX | 608-00-XXXX | | |
| STUDENT'S name<br>DEBBIE WILLIAMS | | 4 Adjustments made for a prior year<br>$ | 5 Scholarships or grants<br>$ 3,202.00 |
| Street address (including apt. no.)<br>1234 CHARITY AVENUE | | 6 Adjustments to scholarships or grants for a prior year<br>$ | 7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 ☐ |
| City or town, state or province, country, and ZIP or foreign postal code<br>YOUR CITY, YOUR STATE, ZIP | | | |
| 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<br>$ |

**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.

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

# Clark College

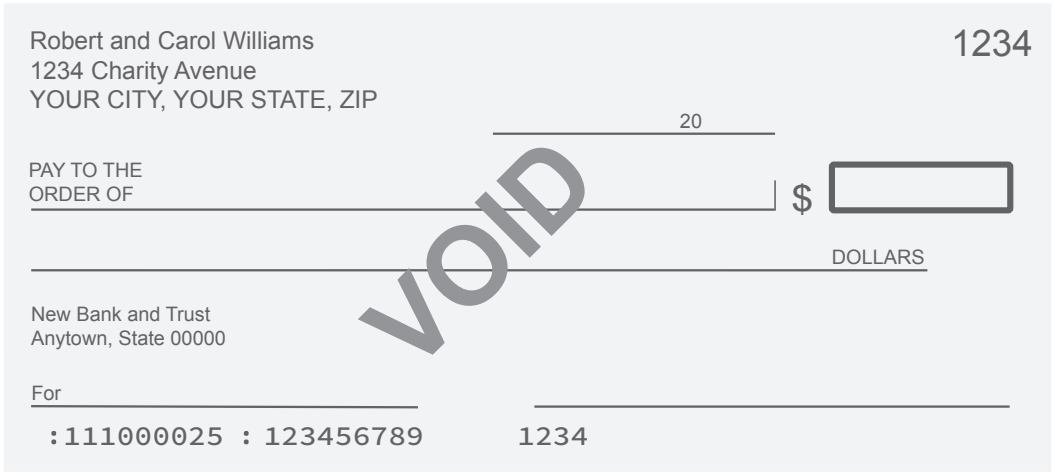
**STATEMENT OF ACCOUNT**

December 31, 2026

**Debbie Williams**
**STUDENT ID: 608-00-XXXX**

| Date | Transaction | Amount Billed | Amount Paid |
|---|---|---|---|
| 08/30/2026 | Tuition - Fall Semester 2026 | +$5,722.00 | |
| 09/03/2026 | Parking Pass | +$400.00 | |
| 09/05/2026 | Payment - check # 4321 | | -$6,122.00 |

12/31/2026 Account Balance ..... $0.00



## Advanced Scenario 7: Test Questions

**15.** What is the taxable portion of Carol's pension from Liberty Enterprises using the simplified method?

**a.** $23,400
**b.** $22,708
**c.** $22,543
**d.** $0

**16.** The Williams' are eligible to claim the Credit for Other Dependents (ODC) on their tax return.

**a.** True
**b.** False

**17.** What is the total amount of other income reported on the Williams' Form 1040, Schedule 1?

**a.** $1,800
**b.** $1,000
**c.** $800
**d.** $0

**18.** Robert is eligible to deduct qualified educator expenses in the amount of $_____.
(Note: whole number only, do not use special characters.)

**19.** The Enhanced Senior Deduction on Form 1040, Schedule 1-A is _____ and the Standard deduction on Form 1040, page 2 is _____.

**a.** $6,000; $34,700
**b.** $6,000; $35,500
**c.** $12,000; $32,200
**d.** $12,000; $35,500

**20.** Which of the following expense qualifies for the Lifetime Learning Credit?

**a.** Required course related books and equipment purchased online.
**b.** Tuition
**c.** Parking pass
**d.** Both a and b

**21.** The taxable amount of Carol's Social Security income reported on their Form 1040 is _____.

**a.** $0
**b.** $21,405
**c.** $22,747
**d.** $25,182

**22.** What is the Williams' total federal income tax withholding?

**a.** $9,358
**b.** $6,840
**c.** $4,500
**d.** $2,340

## Advanced Scenario 8: Marta Garcia

### Directions

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.



*When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.*

### Interview Notes

- Marta is age 27 and single. She worked in 2026 as a paralegal and received a Form W-2 with overtime.
- Marta has investment income and a consolidated broker's statement.
- Marta is self-employed delivering meals for Fast Eats on the weekends. She received a Form 1099-NEC and a Form 1099-K. She received additional cash payments of $750, none of which were tips.
- Marta uses the cash method of accounting. She uses business code 492000.
- Marta provided a statement from Fast Eats indicating the fees paid for the year. These fees are considered ordinary and necessary for the food delivery business:
  - $250 for insulated box rental from Fast Eats
  - $100 for vehicle safety inspection (required by Fast Eats)
  - $700 for Fast Eats fees
- Marta also kept receipts for the following out-of-pocket expenses:
  - $200 for tolls while making deliveries
  - $500 for traffic tickets
  - $700 for Marta's lunches
- Marta's record keeping application shows she has driven a total of 2,500 miles during and between deliveries. Marta drove 1,000 miles before June 30.
  - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 2026 was 11,000 miles. Of that, 8,500 were personal and commuting miles. Marta will take the standard business mileage rate.
- Marta is paying on her student loan from 2019, when she completed her undergraduate degree.
- Marta is working towards her Juris Doctorate degree to start a new career as a lawyer. She took a few college courses this year at an accredited college.
- Marta took an early distribution of $6,000 from her IRA in April. She used $3,600 of the IRA distribution to pay her educational expenses and $1,000 for emergency home repair expenses for the current year. She has never made any non-deductible contributions to her IRA.
- If Marta has a refund, she would like it deposited into her checking account.


SOCIAL SECURITY
605-00-XXXX
Marta Garcia
Marta Garcia

| Form **13614-C** (October 2026) | Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet** | OMB Number 1545-1964 |
|---|---|---|

**You will need:**
- 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

- 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.

**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 | M.I. | Last name | Your date of birth | Your job title |
|---|---|---|---|---|
| MARTA | | GARCIA | 03/08/1999 | PARALEGAL |
| Spouse's first name | M.I. | Last name | Spouse's date of birth | Spouse's job title |
| | | | | |

| Mailing address | Apt # | City | State | ZIP code |
|---|---|---|---|---|
| 160 UNIVERSITY DRIVE | | YOUR CITY | YS | YOUR ZIP |

| Best contact number | Spouse's best contact number | Email address *(optional)* |
|---|---|---|
| YOUR PHONE NUMBER | | |

**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:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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
☒ Direct deposit ☐ Split refund between accounts ☐ Other _____

**If you have a balance due**, how would you like to make your payment
☒ 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 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**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<br>How many jobs 1 | ☐ (B) **W-2s** #<br>☐ 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) #<br>☐ (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 $<br>☐ (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<br>Did you report a loss on last year's return ☐ Yes ☒ No | ☐ (A) **1099-B** (include brokerage statement) #<br>☐ Capital loss carryover ☐ Yes ☐ No | |
| ☐ (B) Alimony | ☐ (B) Alimony $<br>Excluded from income ☐ Yes ☐ No | |
| ☐ (A/M) Income from renting out your house or a room in your house<br>If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No<br>☐ Income from renting personal property such as a vehicle | ☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)<br>☐ 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<br>Did you report a loss on last year's return ☐ Yes ☒ No<br>Did you have GIG income (rideshare, food or grocery delivery, etc.) ☒ Yes ☐ No | ☐ (A) **Schedule C**<br>☐ **1099-NEC** #<br>☐ **1099-K** #<br>☐ 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.**

| **Paid any of the following expenses to itemize in 2024?** | **(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 2024?** | **(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 $ _____<br>Adjustment to income ☐ Yes ☐ No | |
| **Did any of the following happen during 2024?** | **(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<br>☐ (B) 1098-T (itemized statement from school, invoice, etc.)<br>☐ (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) 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<br>☐ 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<br>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 2024 taxes | ☐ (B) Estimated tax payments _____<br>☐ (B) Last year's refund applied to this year _____<br>☐ Last year's return available | |

## 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? Select all that apply

- ☐ **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? Select all that apply

- ☐ **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.



97

**Additional Notes/Comments**

**Privacy Act and Paperwork Reduction Act Notice**

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

22222

a Employee's social security number: 605-00-XXXX

OMB No. 1545-0029

b Employer identification number (EIN): 35-800XXXX

1 Wages, tips, other compensation: $45,700.00

2 Federal income tax withheld: $4,000.00

c Employer's name, address, and ZIP code

WE WIN ASSOCIATES
200 VENTURA BLVD
YOUR CITY, YOUR STATE, ZIP

3 Social security wages: $46,700.00

4 Social security tax withheld: $2,895.40

5 Medicare wages and tips: $46,700.00

6 Medicare tax withheld: $677.15

7 Social security tips

8 Allocated tips

d Control number

9

10 Dependent care benefits

11 Nonqualified plans

e Employee's first name and initial: MARTA

Last name: GARCIA

Suff.

160 UNIVERSITY DRIVE
YOUR CITY, YOUR STATE, ZIP

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

14a Other

12a Code D $1,000.00

12b Code TT $300.00

12c Code

12d Code

14b Treasury Tipped Occupation Code(s)

f Employee's address and ZIP code

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| YS | 57-300XXXX | $45,700.00 | $1,000.00 | | | |
| | | | | | | |

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

2026

Department of the Treasury—Internal Revenue Service

**Copy 1—For State, City, or Local Tax Department**

☐ VOID ☐ CORRECTED

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

NEW BANK, CUSTODIAN
FOR TRADITIONAL IRA OF MARTA GARCIA
300 MARIN STREET
YOUR CITY, YOUR STATE, ZIP

1 Gross distribution: $ 6,000.00

OMB No. 1545-0119

2026

Form 1099-R

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

2a Taxable amount: $ 6,000.00

2b Taxable amount not determined ☑ Total distribution ☐

**Copy 1**
**For State, City, or Local Tax Department**

PAYER'S TIN: 48-200XXXX

RECIPIENT'S TIN: 605-00-XXXX

3 Capital gain (included in box 2a): $

4 Federal income tax withheld: $ 600.00

RECIPIENT'S name: MARTA GARCIA

5 Employee contributions/ Designated Roth contributions or insurance premiums: $

6 Net unrealized appreciation in employer's securities: $

Street address (including apt. no.): 160 UNIVERSITY DRIVE

7 Distribution code(s): 1 IRA/SEP/SIMPLE ☑

8 Other: $ %

City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP

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 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | OMB No. 1545-0116<br>Form **1099-NEC**<br>(Rev. April 2025)<br>For calendar year **2026** | **Nonemployee Compensation** |
|---|---|---|---|
| **FAST EATS**<br>**123 LILAC AVENUE**<br>**YOUR CITY, YOUR STATE, ZIP** | | | |
| PAYER'S TIN<br>**63-400XXXX** | RECIPIENT'S TIN<br>**605-00-XXXX** | **1** Nonemployee compensation<br>$ **1,000** | **Copy 1**<br>**For State Tax Department** |
| RECIPIENT'S name<br>**MARTA GARCIA** | | **2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ | |
| Street address (including apt. no.)<br>**160 UNIVERSITY DRIVE** | | **3** Excess golden parachute payments<br>$ | |
| City or town, state or province, country, and ZIP or foreign postal code<br>**YOUR CITY, YOUR STATE, ZIP** | | **4** Federal income tax withheld<br>$ | |
| Account number (see instructions) | | **5** State tax withheld<br>$<br>$ | **6** State/Payer's state no.<br><br> | **7** State income<br>$<br>$ |

Form **1099-NEC** (Rev. 4-2025) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | FILER'S TIN<br>**63-400XXXX**<br>PAYEE'S TIN<br>**605-00-XXXX** | OMB No. 1545-2205<br>Form **1099-K**<br>(Rev. March 2024)<br>For calendar year **2026** | **Payment Card and Third Party Network Transactions** |
|---|---|---|---|
| **FAST EATS**<br>**123 LILAC AVENUE**<br>**YOUR CITY, YOUR STATE, ZIP** | **1a** Gross amount of payment card/third party network transactions<br>$ **8,525.00** | | |
| | **1b** Card Not Present transactions<br>$ | **2** Merchant category code | **Copy 1**<br>**For State Tax Department** |
| Check to indicate if FILER is a (an):<br>Payment settlement entity (PSE) ☐<br>Electronic Payment Facilitator (EPF)/Other third party ☑ | Check to indicate transactions reported are:<br>Payment card ☐<br>Third party network ☑ | **3** Number of payment transactions<br>**325** | **4** Federal income tax withheld<br>$ |
| PAYEE'S name<br>**MARTA GARCIA** | **5a** January<br>$ **1,000.00** | **5b** February<br>$ **750.00** | |
| Street address (including apt. no.) | **5c** March<br>$ **900.00** | **5d** April<br>$ **775.00** | |
| **160 UNIVERSITY DRIVE** | **5e** May<br>$ **700.00** | **5f** June<br>$ **350.00** | |
| City or town, state or province, country, and ZIP or foreign postal code<br>**YOUR CITY, YOUR STATE, ZIP** | **5g** July<br>$ **500.00** | **5h** August<br>$ **450.00** | |
| PSE'S name and telephone number | **5i** September<br>$ **750.00** | **5j** October<br>$ **700.00** | |
| | **5k** November<br>$ **900.00** | **5l** December<br>$ **750.00** | |
| Account number (see instructions) | **6** State | **7** State identification no. | **8** State income tax withheld<br>$<br>$ |

Form **1099-K** (Rev. 3-2024) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

***Note:*** *She also received $750 in cash payments per the interview notes.*

**XYZ Investments**

456 Pima Plaza
Your City, YS, ZIP

**2026 TAX REPORTING STATEMENT**

Marta Garcia
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

**Form 1099-DIV* 2026 Dividends and Distributions**
Copy B for Recipient (OMB NO. 1545-0110)

| | | |
|---|---|---|
| 1a | Total Ordinary Dividends | 300.00 |
| 1b | Qualified Dividends | 225.00 |
| 2a | Total Capital Gain Distributions (Includes 2b- 2d) | 350.00 |
| 2b | Capital Gains that represent Unrecaptured 1250 Gain | 0.00 |
| 2c | Capital Gains that represent Section 1202 Gain | 0.00 |
| 2d | Capital Gains that represent Collectibles (28%) Gain | 0.00 |
| 2e | Section 897 Ordinary Dividends | 0.00 |
| 2f | Section 897 Capital Gains | 0.00 |
| 2 | Nondividend Distributions | 0.00 |
| 3 | Nondividend Distributions | 0.00 |
| 4 | **Federal Income Tax Withheld** | 0.00 |
| 5 | Section 199A Dividends | 48.00 |
| 6 | Investment Expenses | 0.00 |
| 7 | Foreign Tax Paid | 0.00 |
| 8 | Foreign Country or U.S. Possession | 0.00 |
| 9 | Cash Liquidation Distributions | 0.00 |
| 10 | Noncash Liquidation Distributions | 0.00 |
| 11 | FATCA Filing Requirement | ____ |
| 12 | Exempt Interest Dividends | 0.00 |
| 13 | Specified Private Activity Bond Interest Dividends | 0.00 |
| 14 | State | YS |
| 15 | State Identification No. | 01-XXXXXXX |
| 16 | State Tax Withheld | 0.00 |

**Form 1099-MISC* 2026 Miscellaneous Income**
Copy B for Recipient (OMB NO. 1545-0115)

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

**Form 1099-INT* 2026 Interest Income**
Copy B for Recipient (OMB NO. 1545-0112)

| | | |
|---|---|---|
| 1 | Interest Income | 70.00 |
| 2 | Early Withdrawal Penalty | 0.00 |
| 3 | Interest on U.S. Savings Bonds and Treas. Obligations | 0.00 |
| 4 | Federal Income Tax Withheld | 0.00 |
| 5 | Investment Expenses | 0.00 |
| 6 | Foreign Tax Paid | 0.00 |
| 7 | Foreign Country or U.S. Possession | 0.00 |
| 8 | Tax-Exempt Interest | 0.00 |
| 9 | Specified Private Activity Bond Interest | 0.00 |
| 14 | Tax-Exempt Bond CUSIP No. | |

**Summary of 2026 Proceeds From Broker and Barter Exchange Transactions**

| | |
|---|---|
| Sales Price of Stocks, Bonds, etc. | 5,100.00 |
| Federal Income 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.

**XYZ Investments**

456 Pima Plaza
Your City, YS, ZIP

**2026 TAX REPORTING STATEMENT**

Marta Garcia
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

## FORM 1099-B* 2026 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

**Short-term transactions for which basis is reported to the IRS**
Report on Form 8949 with Box A checked and/or Schedule D, Part I
(This Label is a Substitute for Boxes 1c & 6)

**8** Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

| Action | **1b** Date Acquired | **1c** Date sold disposed | **1a** Quantity Sold | **1d** Proceeds | **1e** Cost or Other Basis | Gain / Loss (-) | **1g** Wash Sale Loss Disallowed | **4** Federal Income Tax Withheld | **14** State | **15** State Tax Withheld |
|---|---|---|---|---|---|---|---|---|---|---|
| **Nebraska Co. Common Stock** | | | | | | | | | | |
| Sale | 01/20/2026 | 02/27/2026 | 200.000 | 2,000.00 | 1,600.00 | 400.00 | | | | |
| **TOTALS** | | | | 2,000.00 | **1,600.00** | | | | | |

## FORM 1099-B* 2026 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

**Long-term transactions for which basis is not reported to the IRS**
Report on Form 8949 with Box E checked and/or Schedule D, Part II
(This Label is a Substitute for Boxes 1c & 6)

**8** Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

| Action | **1b** Date Acquired | **1c** Date sold disposed | **1a** Quantity Sold | **1d** Proceeds | **1e** Cost or Other Basis | Gain / Loss (-) | **1g** Wash Sale Loss Disallowed | **4** Federal Income Tax Withheld | **14** State | **15** State Tax Withheld |
|---|---|---|---|---|---|---|---|---|---|---|
| **Iowa Co. Common Stock** | | | | | | | | | | |
| Sale | 10/12/2008 | 10/31/2026 | 200.000 | 3,100.00 | 4,000.00 | (900.00) | | | | |
| **TOTALS** | | | | **3,100.00** | **4,000.00** | | | | | |

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.

Page 2 of 2

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name
**FINANCIAL AND PARTNERS**

Street address: **305 WASHINGTON DR** | Room/suite no.:

City/town: **YOUR CITY** | State/province: **YS** | Country: | ZIP/foreign code: **ZIP**

Telephone number:

RECIPIENT'S TIN: **38-800XXXX** | BORROWER'S TIN: **605-00-XXXX**

BORROWER'S name
**MARTA GARCIA**

Street address: **160 UNIVERSITY DRIVE** | Apt. no.:

City/town: **YOUR CITY** | State/province: **YS** | Country: | ZIP/foreign code: **ZIP**

Account number (see instructions)

OMB No. 1545-1576

2026

Form **1098-E**

# Student Loan Interest Statement

**1** Student loan interest received by lender
$ **2,250**

**2** If checked, box 1 does **not** include loan origination fees and/or capitalized interest for loans made before September 1, 2004 . . . . . ☐

**Copy B**
**For Borrower**

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 student loan interest.

Form **1098-E** (keep for your records) www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name
**MERCURY COLLEGE**

Street address: **10 COLLEGE AVENUE** | Room/suite no.:

City/town: **YOUR CITY** | State/province: **YS** | Country: | ZIP/foreign code: **ZIP**

Telephone number:

FILER'S employer identification no.: **37-700XXXX** | STUDENT'S TIN: **605-00-XXXX**

STUDENT'S name
**MARTA GARCIA**

Street address: **160 UNIVERSITY DRIVE** | Apt. no.:

City/town: **YOUR CITY** | State/province: **YS** | Country: | ZIP/foreign code: **ZIP**

Service Provider/Acct. No. (see instr.)

**8** Checked if at least half-time student ☐

OMB No. 1545-1574

2026

Form **1098-T**

# Tuition Statement

**1** Payments received for qualified tuition and related expenses
$ **3,600**

**2**

**3**

**4** Adjustments made for a prior year
$

**5** Scholarships or grants
$

**6** Adjustments to scholarships or grants for a prior year
$

**7** Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2027 ☐

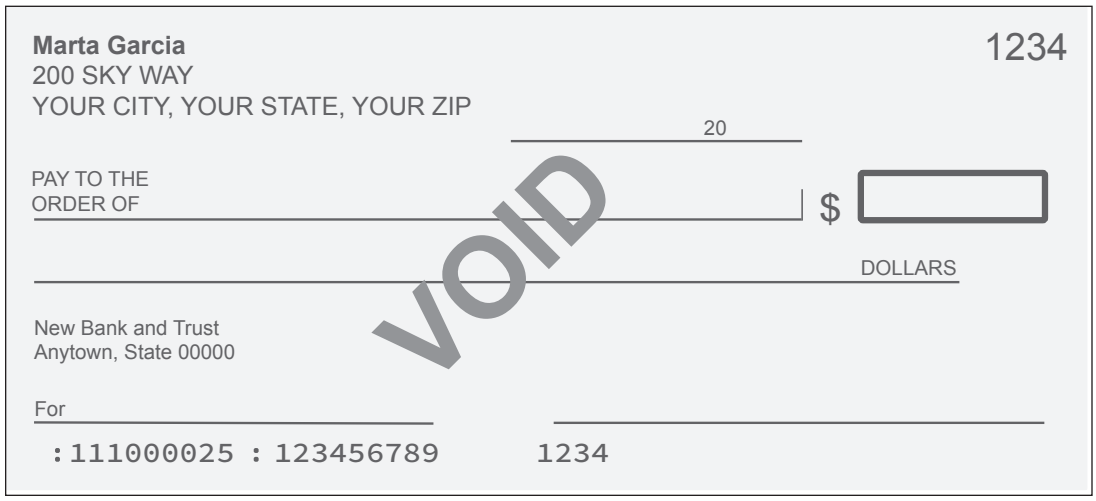
**9** Checked if a graduate student ☑

**10** Ins. contract reimb./refund
$

**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.

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service


Marta Garcia
200 SKY WAY
YOUR CITY, YOUR STATE, YOUR ZIP
1234
20
PAY TO THE
ORDER OF
$
DOLLARS
VOID
New Bank and Trust
Anytown, State 00000
For
:111000025 : 123456789 1234

## Advanced Scenario 8: Test Questions

**Directions**

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

*When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.*

**23.** The net short-term capital gain reported on Marta's Form 1040, Schedule D is $_____.
(Note: whole number only, do not use special characters.)

**24.** Which of the following can be claimed as a business expense on Marta's Schedule C?

- **a.** Vehicle safety inspection (required by Fast Eats)
- **b.** Fast Eats Fees
- **c.** Tolls
- **d.** All of the above

**25.** Marta can take a student loan interest deduction of $2,500.

- **a.** True
- **b.** False

**26.** What is the total standard mileage deduction for Marta's business on Schedule C?

- **a.** $700
- **b.** $1,750
- **c.** $1,865
- **d.** $2,500

**27.** The amount of Marta's qualified overtime compensation deduction reported on Form 1040, Schedule 1-A is $300.

- **a.** True
- **b.** False

**28.** What is Marta's additional 10% tax on the early withdrawal from her IRA on Form 1040, Schedule 2, Part II?

- **a.** $140
- **b.** $240
- **c.** $500
- **d.** $600

**29.** How can Marta prevent having a balance due next year?

- **a.** She can increase the withholding on a Form W-4.
- **b.** She can make estimated tax payments.
- **c.** She can do nothing and file as usual.
- **d.** Both a and b

## Advanced Scenario 9: Cole Green

### Directions

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

*When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.*

### Interview Notes

- Cole is age 42 and was widowed in July, 2025. He has a daughter, Isabel, age 10, who lived with him the entire year.
- Cole provided the entire cost of maintaining the household and over half of the support for Isabel. In order to work, he pays childcare expenses to Southside Daycare.
- On July 1, 2026, Cole purchased a brand new car that underwent final assembly in the United States. He uses the car for personal purposes.
- Cole purchased health insurance for himself and his daughter through the Marketplace. He received a Form 1095-A.
- Cole and Isabel are U.S. citizens and lived in the United States all year in 2026.



| Form **13614-C** (October 2026) | Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet** | OMB Number 1545-1964 |
|---|---|---|

**You will need:**
- 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

- 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.

**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 | M.I. | Last name | Your date of birth | Your job title |
|---|---|---|---|---|
| COLE | | GREEN | 04/12/1984 | JANITOR |
| Spouse's first name | M.I. | Last name | Spouse's date of birth | Spouse's job title |
| | | | | |

| Mailing address | Apt # | City | State | ZIP code |
|---|---|---|---|---|
| 200 SKY WAY | | YOUR CITY | YS | YOUR ZIP |

| Best contact number | Spouse's best contact number | Email address *(optional)* |
|---|---|---|
| YOUR PHONE NUMBER | | |

**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:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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
☒ Direct deposit ☐ Split refund between accounts ☐ Other _____

**If you have a balance due**, how would you like to make your payment
☒ 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**
Date of final decree _____

☐ **Legally Separated but not Divorced**
Date of separate maintenance decree _____

☒ **Widowed**
Year of spouse's death 2025

| 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 |
| ISABEL GREEN | 07/24/2016 | DAUGHTER | 12 | S | YES | YES | YES | NO | NO | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**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<br>How many jobs 1 | ☐ (B) **W-2s** #<br>☐ 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) #<br>☐ (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 $<br>☐ (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<br>Did you report a loss on last year's return ☐ Yes ☐ No | ☐ (A) **1099-B** (include brokerage statement) #<br>☐ Capital loss carryover ☐ Yes ☐ No | |
| ☐ (B) Alimony | ☐ (B) Alimony $<br>Excluded from income ☐ Yes ☐ No | |
| ☐ (A/M) Income from renting out your house or a room in your house<br>If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No<br>☐ Income from renting personal property such as a vehicle | ☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)<br>☐ 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<br>Did you report a loss on last year's return ☐ Yes ☐ No<br>Did you have GIG income (rideshare, food or grocery delivery, etc.) ☐ Yes ☐ No | ☐ (A) **Schedule C**<br>☐ **1099-NEC** #<br>☐ **1099-K** #<br>☐ 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.**

| **Paid any of the following expenses to itemize in 2024?** | **(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 2024?** | **(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 $ _____<br>Adjustment to income ☐ Yes ☐ No | |
| **Did any of the following happen during 2024?** | **(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<br>☐ (B) 1098-T (itemized statement from school, invoice, etc.)<br>☐ (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) 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<br>☐ 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<br>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 2024 taxes | ☐ (B) Estimated tax payments _____<br>☐ (B) Last year's refund applied to this year _____<br>☐ Last year's return available | |

## 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? Select all that apply

- ☐ **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? Select all that apply

- ☐ **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.

**Additional Notes/Comments**

**Privacy Act and Paperwork Reduction Act Notice**

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

| 22222 | a Employee's social security number 328-00-XXXX | OMB No. 1545-0029 | |
|---|---|---|---|
| b Employer identification number (EIN) 34-800XXXX | | 1 Wages, tips, other compensation $42,000.00 | 2 Federal income tax withheld $2,800.00 |
| c Employer's name, address, and ZIP code<br>ROSEWOOD SCHOOL DISTRICT<br>1452 ROOSEVELT CIRCLE<br>YOUR CITY, YOUR STATE, ZIP | | 3 Social security wages $43,500.00 | 4 Social security tax withheld $2,697.00 |
| | | 5 Medicare wages and tips $43,500.00 | 6 Medicare tax withheld $630.75 |
| | | 7 Social security tips | 8 Allocated tips |
| d Control number | | 9 | 10 Dependent care benefits |
| | | 11 Nonqualified plans | |
| e Employee's first name and initial: COLE — Last name: GREEN — Suff.<br>200 SKY WAY<br>YOUR CITY, YOUR STATE, ZIP | | 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ | 12a Code D $1,500 |
| | | 14a Other | 12b Code |
| | | | 12c Code |
| | | | 12d Code |
| f Employee's address and ZIP code | | 14b Treasury Tipped Occupation Code(s) | |

| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| YS | 57-200XXXX | $42,000.00 | $800 | | | |
| | | | | | | |

Form **W-2** **Wage and Tax Statement** 2026

Department of the Treasury—Internal Revenue Service

**Copy 1—For State, City, or Local Tax Department**

☐ VOID ☐ CORRECTED

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | Payer's RTN (optional) | OMB No. 1545-0112<br>Form **1099-INT**<br>(Rev. January 2024) | **Interest Income** |
|---|---|---|---|
| NEW BANK AND TRUST<br>8020 YONKERS BLVD<br>YOUR CITY, YOUR STATE, ZIP | 1 Interest income $ 260.00 | For calendar year 2026 | |
| | 2 Early withdrawal penalty $ 48.00 | | **Copy 1** |
| PAYER'S TIN: 22-700XXXX — RECIPIENT'S TIN: 328-00-XXXX | 3 Interest on U.S. Savings Bonds and Treasury obligations $ | | **For State Tax Department** |
| RECIPIENT'S name: COLE GREEN<br>Street address (including apt. no.): 200 SKY WAY<br>City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP | 4 Federal income tax withheld $ — 5 Investment expenses $ | | |
| | 6 Foreign tax paid $ — 7 Foreign country or U.S. territory | | |
| | 8 Tax-exempt interest $ — 9 Specified private activity bond interest $ | | |
| | 10 Market discount $ — 11 Bond premium $ | | |
| FATCA filing requirement ☐ | 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. 1-2024) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

TREASURY/IRS AND OMB USE ONLY DRAFT

☐ CORRECTED (if checked)

| RECIPIENT'S/LENDER'S name | | | | * **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) |
|---|---|---|---|---|---|
| FIRST CREDIT UNION | | | | | |
| Street address | | | Room/suite no. | | For calendar year 2026 |
| 100 E MAIN STREET | | | | | |
| City/town | State/province | Country | ZIP/foreign code | | |
| YC | YS | | YZ | | |
| Telephone number: | | | | | |
| RECIPIENT'S/LENDER'S TIN | PAYER OF RECORD'S TIN | | | | |
| 86-1234567 | 328-00-XXXX | | | | |
| PAYER OF RECORD'S name | | | | | |
| COLE GREEN | | | | | |
| Street address | | | Apt. no. | | |
| 200 SKY WAY | | | | | |
| City/town | State/province | Country | ZIP/foreign code | | |
| YC | YS | | YZ | | |
| Account number (see instructions) | | | | | |

**Vehicle Loan Interest Statement**

| | |
|---|---|
| **1** Vehicle loan interest received by lender* | |
| $ 1,800 | |
| **2a** Year 2026 | **2b** Make CHEVROLET |
| **2c** Model EQUINOX | **2d** VIN 1xxxxxxxxxxxxxxx |
| **3a** Loan origination date 07/01/2026 | **3b** Loan acquisition date |
| **4** Outstanding principal $ 35,000 | **5** Refund of overpaid interest $ |

**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

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

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.**

☐ VOID
☐ CORRECTED

OMB No. 1545-2232

2026

## Part I Recipient Information

| | | | |
|---|---|---|---|
| **1** Marketplace identifier: 12-3456789 | **2** Marketplace-assigned policy number: 987654 | **3** Policy issuer's name | |
| **4** Recipient's name: COLE GREEN | | **5** Recipient's SSN: 328-00-XXXX | **6** Recipient's date of birth: 4/12/1984 |
| **7** Recipient's spouse's name | | **8** Recipient's spouse's SSN | **9** Recipient's spouse's date of birth |
| **10** Policy start date: 01/01/2026 | **11** Policy termination date: 12/31/2026 | **12** Street address (including apartment no.): 200 SKY WAY | |
| **13** City or town: YOUR CITY | **14** State or province: YOUR STATE | **15** Country and ZIP or foreign postal code: ZIP | |

## Part II Covered Individuals

| | **A.** Covered individual name | **B.** Covered individual SSN | **C.** Covered individual date of birth | **D.** Coverage start date | **E.** Coverage termination date |
|---|---|---|---|---|---|
| **16** | COLE GREEN | 328-00-XXXX | 04/12/1984 | 01/01/2026 | 12/31/2026 |
| **17** | ISABEL GREEN | 125-00-XXXX | 07/24/2016 | 01/01/2026 | 12/31/2026 |
| **18** | | | | | |
| **19** | | | | | |
| **20** | | | | | |

## Part III Coverage Information

| Month | | plan (SLCSP) premium | Monthly advance payment of premium tax credit |
|---|---|---|---|
| **21** January | $446 | $602 | $388 |
| **22** February | $446 | $602 | $388 |
| **23** March | $446 | $602 | $388 |
| **24** April | $446 | $602 | $388 |
| **25** May | $446 | $602 | $388 |
| **26** June | $446 | $602 | $388 |
| **27** July | $446 | $602 | $388 |
| **28** August | $446 | $602 | $388 |
| **29** September | $446 | $602 | $388 |
| **30** October | $446 | $602 | $388 |
| **31** November | $446 | $602 | $388 |
| **32** December | $446 | $602 | $388 |
| **33** **Annual Totals** | $5,352 | $7,224 | $4,656 |

Southside **Day Care**

303 Twiggs Trail
Your City, Your State, Zip
Ph: (555) 555-1234

December 31, 2026

Received from Cole Green

$2,500 for daycare services for Isabel

Total amount received for daycare services in 2026 - $2,500

Ellen River

EIN: 35-900XXXX

## Advanced Scenario 9: Test Questions

**Directions**

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

*When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.*

**30.** What is Cole's most advantageous filing status?

- **a.** Single
- **b.** Head of Household
- **c.** Qualifying Surviving Spouse
- **d.** Married Filing Separately

**31.** Cole's adjusted gross income (AGI) on his Form 1040 is _____.

- **a.** $8,912
- **b.** $42,000
- **c.** $42,212
- **d.** $42,260

**32.** Cole is allowed to deduct $1,800 as Car Loan Interest.

- **a.** True
- **b.** False

**33.** What is the maximum amount of Cole's non-refundable credit for Retirement Savings Contributions from Form 8880?

- **a.** $0
- **b.** $100
- **c.** $150
- **d.** $1,500

**34.** Cole is eligible for the Premium Tax Credit (PTC).

- **a.** True
- **b.** False

**35.** Cole's Child and Dependent Care Credit from Form 2441 is $ _____.
(Note: whole number only, do not use special characters.)