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: Joy Sunshine

Interview Notes

- Joy's husband, Peter, moved out of their home in March of 2023. Joy has had no contact with Peter since he moved out. Joy and Peter are not legally separated.
- Joy has one child, Valerie, age 10. She will claim Valerie as a dependent on her 2025 tax return.
- Joy is 31 years old.
- Joy earned $46,000 in wages and received $50 of interest. Joy had lottery winnings of $2,000 reported on Form W-2G.
- Joy paid all the costs of keeping up her home. She provided over half of the support for Valerie.
- 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. Joy qualifies 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 Valerie?

   a. Joy
   b. Peter
   c. Both Joy and Peter
   d. Neither Joy nor Peter

3. Joy is **not** required to report her lottery winnings as income on her federal tax return.

   a. True
   b. False

Advanced Scenario 2: Matt and Megan Summer

Interview Notes

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

Advanced Scenario 2: Test Questions

4. For which children can Matt and Megan claim the Child Tax Credit (CTC).

    a. Jack
    b. Janice
    c. Both Jack and Janice
    d. Neither Jack nor Janice

5. The Summers qualify for the Child and Dependent Care Credit

    a. True
    b. False

Advanced Scenario 3: Nancy James

Interview Notes

- Nancy James, age 58, is single.
- Nancy 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, Nancy contributed $2,100 to her Health Savings Account (HSA), and her mother also contributed $1,000 to Nancy's HSA.
- Nancy's Form W-2 shows $1,200 in Box 12 with code W. She has Form 5498-SA showing $4,300 in Box 2.
- Nancy has Form 1099-SA showing her HSA distributions. She used her distributions to pay the following unreimbursed expenses:
  - $600 for nine visits to a physical therapist after her knee surgery
  - $1,200 unreimbursed doctor bills
  - $320 prescription medicine
  - $1,600 replacement of a crown
  - $500 deep cleaning for teeth
  - $40 over the counter medication
  - $260 gym membership (for her general health and fitness)
- Nancy is a U.S. citizen with a valid Social Security number.

Advanced Scenario 3: Test Questions

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

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

7. Form 8889, Part I is used to report HSA contributions made by _____.

a. Nancy
b. Nancy's employer
c. Nancy's mother
d. All of the above

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

a. $3,620
b. $4,220
c. $4,260
d. $4,520

Advanced Scenario 4: Alexa Rice

Interview Notes

- Alexa, 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 2025 was $48,700 in W-2 wages.
- Amy, age 24, and her daughter Lillian, age 5, have lived with Amy's mother, Alexa, since Amy separated from her spouse in May of 2024. Amy's only income for 2025 was $24,000 in wages. Amy provided over half of her own support. Lillian did not provide more than half of her own support.
- Amy 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. They lived in the United States all year.

Advanced Scenario 4: Test Questions

9. Which of the following statements is true:

a. Amy may **not** claim Lillian as a dependent since Alexa paid all of their housing costs.

b. Alexa may claim Lillian as a dependent if Amy chooses not to claim her.

c. Only Alexa may claim Lillian as a dependent since her income is higher than Amy's income.

d. Only Amy may claim Lillian as a dependent since Lillian is her daughter.

10. Amy is eligible to claim Lillian for the Earned Income Credit.

a. True

b. False

Advanced Scenario 5: Julia Jacobs

Interview Notes

- Julia is 54 years old and files as single.
- Her 2025 adjusted gross income (AGI) is $52,000, which includes gambling winnings of $3,000.
- Julia would like to itemize her deductions on Form 1040 Schedule A this year.
- Julia brings documents for the following items:
  - $10,500 hospital and doctor bills
  - $800 contributions to Health Savings Account (HSA)
  - $3,600 state withholding (higher than Julia's calculated state sales tax deduction)
  - $200 personal property taxes based on the value of the vehicle
  - $700 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 (Julia purchased the clothing for $900)
  - $7,300 mortgage interest
  - $2,300 real estate tax
  - $1,500 Mortgage Insurance Premiums
  - $2,000 gambling losses

Advanced Scenario 5: Test Questions

11. Julia can claim the $1,500 Mortgage Insurance Premiums as a deduction on her Form 1040, Schedule A.

a. True

b. False

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

a. $0

b. $1,000

c. $2,000

d. $3,000

Advanced Scenario 6: Carlos Carter

Interview Notes

- Carlos Carter is 28 years old and single. He provides all of his own support.
- Carlos works at a gas station and earned $18,500 in wages.
- Carlos took two management courses at a community college to improve his job skills. He was less than a half-time student. He wants to know if that qualifies for any educational tax benefit.
- Carlos 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.
- Carlos 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. Carlos is eligible to claim the American Opportunity Credit on his 2025 tax return.

a. True
b. False

14. For which of the following IRA distributions will Carlos 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: Martin and Yvette Willis

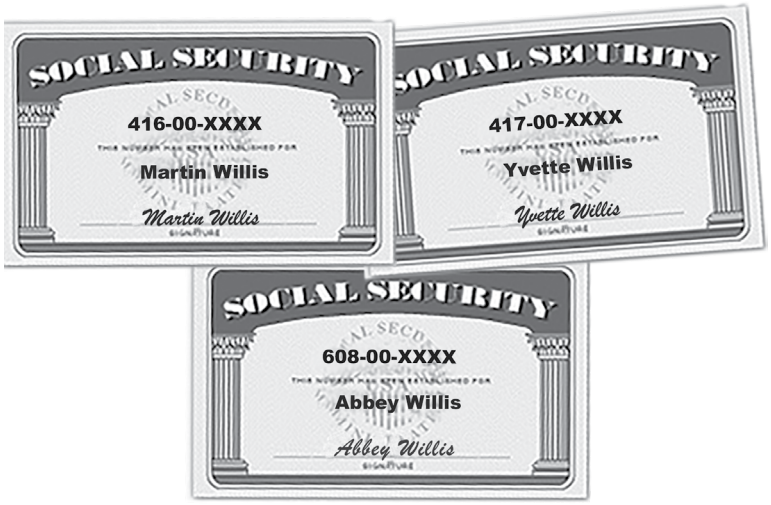
Directions

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

- Martin is a 5th grade teacher at a public school. Martin and Yvette are married and choose to file Married Filing Jointly on their 2025 tax return.
- Martin worked a total of 1,600 hours in 2025. During the school year, he spent $275 on unreimbursed classroom expenses.
- Yvette retired in 2022 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 $1,259 of the cost of the plan.
- Martin 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 2025. The Willises determined that they were solvent as of the date of the canceled debt.
- Yvette won $500 from a prize drawing.
- Their daughter, Abbey, is in her second year of college pursuing a bachelor's degree in Physics at a qualified educational institution. She received a scholarship, and the terms require that it be used to pay tuition. The Willises 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 Willises paid $1,500 for books and equipment required for Abbey's courses. This information is also included on the college statement of account. The Willises claimed the American Opportunity Credit last year for the first time.
- Abbey does not have a felony drug conviction.
- They are all U.S. citizens with valid Social Security numbers.



Form **13614-C** (March 2025)	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 1-5 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	M.I.	Last name	Your date of birth	Your job title
MARTIN		WILLIS	05/01/1964	TEACHER
Spouse's first name	**M.I.**	**Last name**	**Spouse's date of birth**	**Spouse's job title**
YVETTE		WILLIS	10/08/1955	RETIRED

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

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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 ☐ Check by mail
☐ Split refund between accounts ☐ Other _____

If you have a balance due, how would you like to make your payment
☐ Bank account ☐ IRS.gov Direct Pay
☐ 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, 2024, what was your marital status
☐ **Never Married** ☒ **Married** If married, were you married for all of 2024 ☒ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☒ Yes ☐ No
☐ **Divorced** ☐ **Legally Separated but not Divorced** ☐ **Widowed**
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No

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.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	Answer Yes or No (Y/N) U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	**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 $5,050 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
ABBEY WILLIS	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 2024:	(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 1	☐ (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 ☐ 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) ☐ 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) **This is for Yvette's prize drawing**	☐ 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 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 $ _____ 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 ☐ (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) 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 2024 taxes	☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ 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	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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

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.

Additional Notes/Comments

22222

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

OMB No. 1545-0029

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

1 Wages, tips, other compensation: $39,353.00

2 Federal income tax withheld: $3,500.00

c Employer's name, address, and ZIP code

ROOSEVELT SCHOOL DISTRICT
244 HARVARD STREET
YOUR CITY, YOUR STATE, ZIP

3 Social security wages: $41,353.00

4 Social security tax withheld: $2,563.89

5 Medicare wages and tips: $41,353.00

6 Medicare tax withheld: $599.62

7 Social security tips

8 Allocated tips

d Control number

9

10 Dependent care benefits

e Employee's first name and initial: MARTIN

Last name: WILLIS

Suff.

1234 CHARITY AVENUE
YOUR CITY, YOUR STATE, ZIP

11 Nonqualified plans

12a Code: D — $2,000.00

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

12b Code

14 Other

12c Code

12d Code

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	$39,353.00	$600			

Form **W-2** Wage and Tax Statement 2025

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

1 Gross distribution: $ 22,100.00

2a Taxable amount: $

OMB No. 1545-0119

2025

Form 1099-R

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

2b Taxable amount not determined ☑ Total distribution ☐

Copy 1 For State, City, or Local Tax Department

PAYER'S TIN: 41-200XXXX

RECIPIENT'S TIN: 417-00-XXXX

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

4 Federal income tax withheld: $ 2,210.00

RECIPIENT'S name: YVETTE WILLIS

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

2025 • 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
YVETTE WILLIS	417-00-XXXX

Box 3. Benefits Paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 *(Box 3 minus Box 4)*
$24,496		$24,496

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $19,826.00

Medicare Part B premiums deducted from your benefits: $2,220.00

Total additions:

Benefits for 2025: $24,496

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$2,450

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.	1 Date of identifiable event	OMB No. 1545-1424
NEW BANK 1254 ORANGE AVENUE YOUR CITY, YOUR STATE, ZIP	09/25/2025	Form **1099-C** (Rev. April 2025)
	2 Amount of debt discharged $ 850.00	
	3 Interest, if included in box 2 $	For calendar year 2025

Cancellation of Debt

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

DEBTOR'S name
MARTIN WILLIS

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 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP	$ 5,722.00 2	2025 Form 1098-T

Tuition Statement

FILER'S employer identification no.	STUDENT'S TIN	3
38-800XXXX	608-00-XXXX	

STUDENT'S name	4 Adjustments made for a prior year	5 Scholarships or grants
ABBEY WILLIS	$	$ 3,202.00
Street address (including apt. no.) 1234 CHARITY AVENUE	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 2026 ☐
City or town, state or province, country, and ZIP or foreign postal code 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 $

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 Community College

Statement of Account

December 31, 2025

Abbey Willis
STUDENT ID: 608-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2025	Tuition – Fall Semester 2025	**+$5,722.00**	
08/30/2025	Scholarship		**-$3,202.00**
09/03/2025	Parking pass	**+$400.00**	
09/04/2025	Campus Bookstore charge to student account for course-related books	**+$1,500.00**	
09/05/2025	Payment – check #4321		**-$4,420.00**

12/31/2025 Account Balance……$0.00

Martin and Yvette Willis
1234 Charity Avenue
YOU CITY, YOUR STATE, ZIP

1234

20

PAY TO THE
ORDER OF

$

DOLLARS

VOID

New Bank and Trust
Anytown, State 00000

For

:111000025 : 123456789 1234

Advanced Scenario 7: Test Questions

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

a. $0
b. $19,519.00
c. $21,519.00
d. $22,100.00

16. The Willises are **not** eligible to claim the Credit for Other Dependents on their tax return.

a. True
b. False

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

a. $0
b. $500
c. $850
d. $1,350

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

19. A higher standard deduction is available when the taxpayer is _____.

a. age 65 or older
b. totally and permanently disabled
c. legally blind
d. Both a and c

20. Which of the following expenses do **not** qualify for the American Opportunity Credit?

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

21. The taxable amount of Yvette's Social Security income as reported on their Form 1040 is:

a. $0
b. $19,826
c. $20,822
d. $24,496

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

a. $3,500
b. $5,710
c. $5,950
d. $8,160

Advanced Scenario 8: Jocelyn Jones

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

- Jocelyn is a paralegal, age 26, and single.
- Jocelyn has investment income and a consolidated broker's statement.
- Jocelyn 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.
- Jocelyn uses the cash method of accounting. She uses business code 492000.
- Jocelyn 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:
  - $180 for insulated box rental
  - $50 for vehicle safety inspection (required by Fast Eats)
  - $700 for Fast Eats fees
- Jocelyn also kept receipts for the following out-of-pocket expenses:
  - $120 for tolls while making deliveries
  - $500 for traffic ticket
  - $320 for Jocelyn's lunches
- Jocelyn's record keeping application shows she has driven a total of 2,500 miles during and between deliveries.
  - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 2025 was 12,500 miles. Of that, 10,000 miles were personal and commuting miles. Jocelyn will take the standard business mileage rate.
- Jocelyn is paying on her student loan from 2019, when she completed her undergraduate degree.
- Jocelyn 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.
- Jocelyn took an early distribution of $5,000 from her IRA in April. She used $2,600 of the IRA distribution to pay her educational expenses for the current year. She has never made any non-deductible contributions to her IRA.
- If Jocelyn has a refund, she would like it deposited into her checking account.


SOCIAL SECURITY
605-00-XXXX
Jocelyn Jones
Jocelyn Jones

Form **13614-C** (March 2025)	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 1-5 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	M.I.	Last name	Your date of birth	Your job title
JOCELYN		JONES	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

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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
- ☐ Check by mail
- ☐ Split refund between accounts
- ☐ Other _____

If you have a balance due, how would you like to make your payment
- ☐ Bank account
- ☐ IRS.gov Direct Pay
- ☐ 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, 2024, what was your marital status

☒ **Never Married** ☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No

Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No

☐ **Divorced** Date of final decree _____

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

☐ **Widowed** Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No

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 2024	Single or Married as of 12/31/2024 (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 $5,050 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 2024:	(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 1	☐ (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 ☐ 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) ☐ 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 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 $ _____ 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 ☐ (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) 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 2024 taxes	☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ 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	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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **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.)	☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

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.

Additional Notes/Comments

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
NEW BANK, CUSTODIAN FOR TRADITIONAL IRA OF JOCELYN JONES 300 MARIN STREET YOUR CITY, YOUR STATE, ZIP	$ 5,000.00	2025	
	2a Taxable amount $ 5,000.00	Form 1099-R	
	2b Taxable amount not determined ☑ Total distribution ☐		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
48-200XXXX	605-00-XXXX	$	$ 500.00

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
JOCELYN JONES	$	$
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

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: $42,700.00	2 Federal income tax withheld: $3,300.00	
c Employer's name, address, and ZIP code: WE WIN ASSOCIATES 200 VENTURA BLVD YOUR CITY, YOUR STATE, ZIP	3 Social security wages: $43,700.00	4 Social security tax withheld: $2709.40	
	5 Medicare wages and tips: $43,700.00	6 Medicare tax withheld: $633.65	
	7 Social security tips	8 Allocated tips	
d Control number	9	10 Dependent care benefits	
e Employee's first name and initial: JOCELYN — Last name: JONES — Suff. 160 UNIVERSITY DRIVE YOUR CITY, YOUR STATE, ZIP	11 Nonqualified plans	12a Code D: $1,000.00	
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code	
	14 Other	12c Code	
		12d Code	
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	$42,700.00	$820			

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

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 **63-400XXXX** PAYEE'S TIN **605-00-XXXX**	OMB No. 1545-2205 Form **1099-K** (Rev. March 2024) For calendar year **2025**	**Payment Card and Third Party Network Transactions**
FAST EATS **123 LILAC AVENUE** **YOUR CITY, YOUR STATE, ZIP**	**1a** Gross amount of payment card/third party network transactions $ **8,225.00**		
	1b Card Not Present transactions $	**2** Merchant category code	**Copy 1** **For State Tax Department**
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 ☑	**3** Number of payment transactions **325**	**4** Federal income tax withheld $	
PAYEE'S name **JOCELYN JONES**	**5a** January $ **700.00**	**5b** February $ **750.00**	
Street address (including apt. no.) **160 UNIVERSITY DRIVE**	**5c** March $ **900.00**	**5d** April $ **775.00**	
	5e May $ **700.00**	**5f** June $ **350.00**	
City or town, state or province, country, and ZIP or foreign postal code **YOUR CITY, YOUR STATE, ZIP**	**5g** July $ **500.00**	**5h** August $ **450.00**	
PSE'S name and telephone number	**5i** September $ **750.00**	**5j** October $ **700.00**	
	5k November $ **900.00**	**5l** December $ **750.00**	
Account number (see instructions)	**6** State	**7** State identification no.	**8** State income tax withheld $
			$

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

XYZ Investments

456 Pima Plaza
Your City, YS, ZIP

2025 TAX REPORTING STATEMENT

Jocelyn Jones
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* 2025 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	32.00
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* 2025 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* 2025 Interest Income
Copy B for Recipient (OMB NO. 1545-0112)

1	Interest Income	50.00
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 2025 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

2025 TAX REPORTING STATEMENT

Jocelyn Jones
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* 2025 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	01/20/2025	02/27/2025	200.000	2,000.00	1,800.00	200.00				
TOTALS				2,000.00	**1,800.00**					

FORM 1099-B* 2025 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	10/31/2025	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, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

FINANCIAL AND PARTNERS
305 WASHINGTON DR
YOUR CITY, YOUR STATE, ZIP

OMB No. 1545-1576

2025

Form **1098-E**

Student Loan Interest Statement

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

1 Student loan interest received by lender
$ **3,750.00**

BORROWER'S name
JOCELYN JONES

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

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

Account number (see instructions)

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, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

MERCURY COLLEGE
10 COLLEGE AVENUE
YOUR CITY, YOUR STATE, ZIP

1 Payments received for qualified tuition and related expenses
$ **2,600.00**

2

OMB No. 1545-1574

2025

Form **1098-T**

Tuition Statement

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

3

STUDENT'S name
JOCELYN JONES

4 Adjustments made for a prior year
$

5 Scholarships or grants
$

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

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

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 2026 ☐

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

8 Checked if at least half-time student ☐

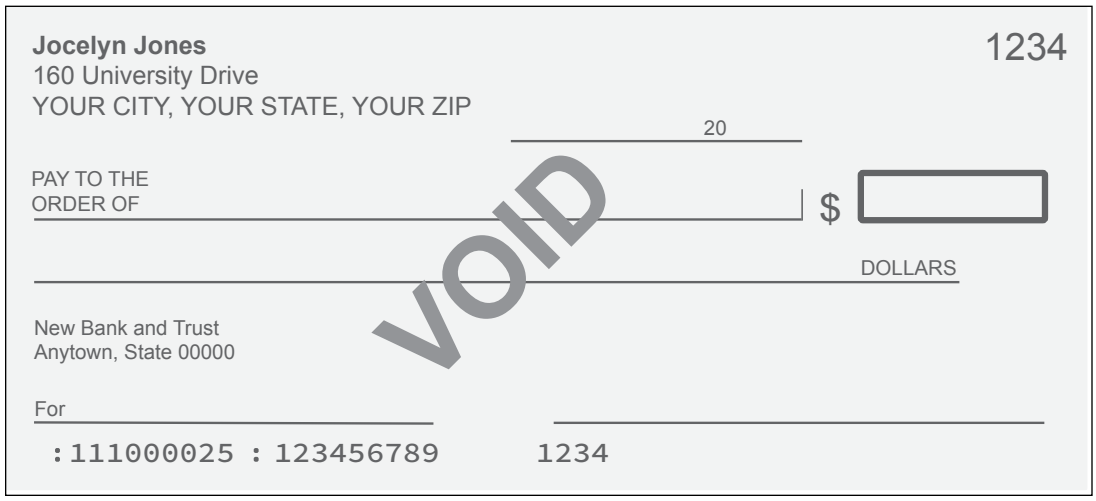
9 Checked if a graduate student ☑

10 Ins. contract reimb./refund
$

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


Jocelyn Jones
160 University Drive
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 Jocelyn's 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 Jocelyn's Schedule C?

- **a.** Lunches
- **b.** Traffic Ticket
- **c.** Tolls
- **d.** All of the above

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

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

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

- **a.** $525
- **b.** $1,750
- **c.** $2,010
- **d.** $2,500

27. The amount of Jocelyn's Lifetime Learning Credit is $480.

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

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

- **a.** $0
- **b.** $240
- **c.** $260
- **d.** $500

29. To avoid having a balance due next year, Jocelyn can use the IRS withholding estimator to calculate her tax liability and submit a new Form W-4 to increase her tax withholding.

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

Advanced Scenario 9: Carl Graves

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

- Carl is age 41 and was widowed in July, 2023. He has a daughter, Lilly, age 9, who lived with him the entire year.
- Carl provided the entire cost of maintaining the household and over half of the support for Lilly. In order to work, he pays childcare expenses to Southside Daycare.
- Carl purchased health insurance for himself and his daughter through the Marketplace. He received a Form 1095-A.
- Carl and Lilly are U.S. citizens and lived in the United States all year in 2025.

Form **13614-C** (March 2025)	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 1-5 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	M.I.	Last name	Your date of birth	Your job title
CARL		GRAVES	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

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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
- ☒ Check by mail
- ☐ Split refund between accounts
- ☐ Other _____

If you have a balance due, how would you like to make your payment
- ☐ Bank account
- ☐ IRS.gov Direct Pay
- ☐ 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, 2024, what was your marital status

- ☐ **Never Married**
- ☐ **Married** — If married, were you married for all of 2024 ☐ Yes ☐ No; Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
- ☐ **Divorced** — Date of final decree _____
- ☐ **Legally Separated but not Divorced** — Date of separate maintenance decree _____
- ☒ **Widowed** — Year of spouse's death 2023

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No

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.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	**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 $5,050 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
LILLY GRAVES	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 2024:	(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 1	☐ (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 ☐ 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) ☐ 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 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 $ _____ 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 ☐ (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) 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 2024 taxes	☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____ ☐ 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.)

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.

Additional Notes/Comments

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 $37,000.00	2 Federal income tax withheld $1,500.00
c Employer's name, address, and ZIP code ROSEWOOD SCHOOL DISTRICT 1452 ROOSEVELT CIRCLE YOUR CITY, YOUR STATE, ZIP		3 Social security wages $38,500.00	4 Social security tax withheld $2,387.00
		5 Medicare wages and tips $38,500.00	6 Medicare tax withheld $558.25
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. CARL GRAVES 200 SKY WAY YOUR CITY, YOUR STATE, ZIP		11 Nonqualified plans	12a Code D $1,500
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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	$37,000.00	$600			

Form **W-2** **Wage and Tax Statement** **2025**

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 Form **1099-INT** (Rev. January 2024)	**Interest Income**
NEW BANK AND TRUST 8020 YONKERS BLVD YOUR CITY, YOUR STATE, ZIP	1 Interest income $ 160.00	For calendar year 2025	
	2 Early withdrawal penalty $ 32.00		**Copy 1** **For State Tax Department**
PAYER'S TIN 22-700XXXX	RECIPIENT'S TIN 328-00-XXXX	3 Interest on U.S. Savings Bonds and Treasury obligations $	
RECIPIENT'S name CARL GRAVES Street address (including apt. no.) 200 SKY WAY 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

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

2025

Part I Recipient Information

1 Marketplace identifier: 12-3456789	**2** Marketplace-assigned policy number: 987654	**3** Policy issuer's name	
4 Recipient's name: CARL GRAVES		**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: 01/01/2025	**11** Policy termination date: 12/31/2025	**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	CARL GRAVES	328-00-XXXX	04/12/1984	01/01/2025	12/31/2025
17	LILLY GRAVES	125-00-XXXX	07/24/2016	01/01/2025	12/31/2025
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, 2025

Received from Carl Graves

$2,200 for daycare services for Lilly

Total amount received for daycare services in 2025 - $2,200

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 Carl's most advantageous filing status?

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

31. Carl's adjusted gross income on his Form 1040 is _____.

- **a.** $37,000
- **b.** $37,128
- **c.** $37,160
- **d.** $38,500

32. Carl is **not** eligible to claim the Additional Child Tax Credit.

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

33. What is the maximum amount of Carl's non-refundable credit for retirement savings contributions from Form 8880 line 10?

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

34. The total amount of Carl's net Premium Tax Credit on Form 1040 Schedule 3, line 9 is $388.

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

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