

Intake Specialist  
Training Guide

LADDER UP



## Table of Contents

Overview .....	1
General Site Process .....	2
Site Setup.....	3
Intake Process.....	4
IRS Form 13614-C Intake/Interview & Quality Review Sheet.....	7
Income Documents Overview.....	9
Expense Documents Overview .....	10
Screening of Schedule C Clients with Expenses .....	11
BASIC Common Forms for Returns .....	16
Form W2 (Basic or HSA) .....	16
Form W-2G (Basic) .....	17
Form 1099-INT (Basic).....	18
Form 1099-DIV (Basic) .....	19
Form 1099-R (Basic or Advanced*).....	20
Form 1099-G (Basic) .....	21
Form SSA-1099 (Basic) .....	22
Form RRB-1099 (Basic).....	23
Form RRB-1099-R (Basic) .....	24
Form 1098-E (Basic).....	25
Form 1098-T (Basic) .....	26
ADVANCED Common Forms for Returns .....	27
Form 1098 (Basic or Advanced*) .....	27
Property Tax Bill (Basic or Advanced*).....	28
Form 1099-B (Adv).....	29
Form 1099-MISC (Adv).....	30
Form 1099-K (Adv) .....	32
Form 1099-C (Adv).....	33
Form 1099-S (Adv) .....	34
HSA Forms for Returns.....	35
Form 5498-SA (HSA).....	35
Form 1099-SA (HSA).....	36
The Affordable Care Act (ACA) and Minimum Essential Coverage (MEC).....	37
Common Healthcare Forms.....	38
Form 1095-A (Adv).....	38
Form 1095-B (Basic).....	39
Form 1095-C (Basic).....	40
<b>Intake Checklist</b> .....	<b>41</b>
<b>Interview Checklist</b> .....	<b>43</b>
Power of Attorney Procedures .....	44

## Overview

This guide is meant to be an aide for Intake Specialists and Interviewers.

### **This guide will allow Intake Specialists to:**

- Understand:
  - The roles & responsibilities of an Intake Specialist
  - Site setup and check-in processes
- Become familiar with:
  - Intake Checklist
  - Interview Checklist
  - Income and Interest Documents (W-2, 1098, 1099, etc.)
  - VITA Scope of Service
  - Health Insurance Forms (i.e. 1095-A, 1095-B, 1095-C) or certificate of exemption
  - Intake Packet

You are NOT expected to:

- Be able to answer complex tax questions at a site
- Prepare clients' tax returns

### **Certification Requirements**

All Intake Specialists must complete the following 3 credentials in order to volunteer.

1. Complete the IRS Form 13615: Volunteer Standards of Conduct training and certification test
2. Sign the IRS Form 13615
3. Complete the IRS Intake, Interview, and Quality Review (IIQR) certification test

The Ladder Up E-Learning and Certification Center is located online: [goladderup.thinkific.com](http://goladderup.thinkific.com)

## General Site Process

**Step 1:** Clients sign in, and then are screened using an **Intake Checklist**. Eligible clients will be given Intake paperwork to fill out.

**Step 2:** After a client's paperwork is complete, they will meet with an Intake Specialist for an Interview. Clients should be called by name in order of arrival based on the sign-in list. This can vary slightly site to site, but generally there is a separate intake area where clients will sit one-on-one with the Intake Specialist. **Note:** Some clients will need help completing their paperwork.

**Step 3:** The Intake Specialist reviews the client's paperwork and tax documents using an **Interview Checklist**. The interviewer will also answer any questions the client may have and determine the scope of the return (Basic, Advanced, or out-of-scope). IRS Form 13614-C (Intake/Interview & Quality Review Sheet) should serve as a guide for this process.

**Step 4:** Complete the top section of the **TAP Supplemental Intake Form**

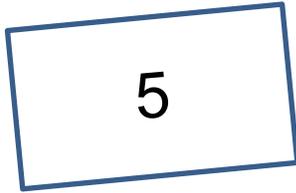
- Enter the name of the site and date
- Check off whether the client has a Basic Return or Advanced return
- Verify the client's photo ID and check off the appropriate box
- If the client is returning, check the box if applicable
- If the client has/had HSA, check the box if applicable
- If the client requires an interpreter, check the box if applicable
- Enter the name of the Intake Specialist who completed the Interview

FOR TAX ASSISTANCE PROSERIES SITES ONLY	
<b>ProSeries Client Data Sheet</b>	
Site: _____	Date: ____/____/____
<input type="checkbox"/> Client's Photo ID Verified	<input type="checkbox"/> Interpreter Needed
<input type="checkbox"/> Returning (Transfer) Client	<input type="checkbox"/> Client has/had HSA
	<input type="checkbox"/> <b>Basic Return</b>
	<input type="checkbox"/> <b>Advanced Return</b>
	Tax Years: _____
	<b>Intake Specialist Name:</b> _____ <small>(First name, Last initial)</small>
FOR TAX PREPARER ONLY	
<b>ProSeries File Name:</b> _____	<b>Computer #:</b> _____

**Step 5:** If determined to be eligible, a client will receive a WHITE index card with a number. Intake Specialist will enter the client's name on the **Client Tracking List** next to their corresponding index card number. Only clients who have been interviewed and determined to be eligible should be placed on the Client Tracking List. **Make sure to also indicate on the Client Tracking List whether the return level is Basic or Advanced, whether the client has/had an HSA, and whether they need an interpreter.**

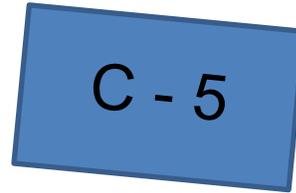
**Step 6:** Tax Preparers or the Site Leader will call clients up to be prepared in order of the white numbered cards. When a client goes to a Tax Preparer (with the appropriate corresponding certification level), the Tax Preparer also collects the client's WHITE index card, and retires the number upside-down in a pile on the Intake/Interview table – or wherever the site leader has deemed the cards should be placed.

**Step 7:** When the Tax Preparer has completed the return, they will issue the client a BLUE "checker" index card (ex. C-5) which will be retired when the client is called to sit down with a Quality Reviewer.



**White for Tax Preparation**

- “5” would be 5<sup>th</sup> in line for tax preparation



**Blue with “C” for Quality Review**

- “C-5” would be 5<sup>th</sup> in line for quality review or “checking”



If any clients are turned away, keep track of each reason in the client demand tracker section of the blue Site Leader Closing Checklist.

**2. Please complete the following demand tracker**

Total # Clients Turned Away: \_\_\_\_\_

Reason	Tally	Total
Missing ID/Tax documents		
Income is over the limit		
Return is out of scope		
Did not make the time cut-off		
Did not want to wait		
Other – Provide reasons		

Site Setup

1. Arrive at the site to meet the Site Leader(s) one hour before the client service window begins
2. Ask the Site Leader to clarify the location of the Intake/Interview area
3. Arrange intake forms, packets, and other supplies needed
4. Remind the Site Leader to display the Civil Rights Banner and Vol Tax poster
5. If there are two or more Intake Specialists at the site, determine who will conduct intake (using the **Intake Checklist**) and who will complete interviews (using the **Interview Checklist**). Depending on volunteer turnout, you might need to switch roles at some point during your volunteer session.
6. If clients are waiting, get started on the intake process as soon as you are set up. Generally, it is best to stay in one place and have the clients come to you. There are some sites where it is easier to go to the client.
7. Make an announcement about general eligibility requirements to the group of waiting clients using the eligibility poster. Also give a brief explanation of the site process.

**Note:** If clients are waiting, please feel free to go ahead and get started on the intake process as soon as your site is set up.

**\*Please keep in mind: You are discussing sensitive and private information with clients, so be as discreet and professional as possible at all times.**

## Intake Process

Follow the **Intake Checklist**. A copy is provided at the end of this guide along with examples of intake documents.

### Notes:

- Dependents need not be present, nor have photo ID verified.
- If the taxpayer qualifies for service, use the checkbox on the TAP Client Data Sheet to indicate you have verified photo ID.
- Ideally, clients are screened before receiving forms to fill out; however, this is not always possible as the sites move quickly and there are not always enough volunteers to fill the need.
- **If a client is married and intends to file a joint return, both spouses must be present** at the site in order to be eligible for services. We cannot verify spouse identity if the spouse is not physically present at the site. At a minimum, the spouse must be present for the quality-review process. **Note:** there are some, rare instances where we can accept a **Power of Attorney** form. (Information on POA procedures is included at the end of this guide.)

### **Acceptable proof of Tax Identification Numbers (TIN):**

#### Social Security Number (SSN)

A client needs to bring the **physical, original** Social Security card for everyone who appears on his tax return. Oftentimes, e-filed returns are rejected because of a mismatch between a name and SSN. **This is also an important identity theft deterrent.**

Alternatives to SSN: If a client **cannot** provide an original Social Security card, the Site Leader may accept the following alternatives:

- Social Security Benefits statement (original copy from the SS office)

#### UNACCEPTABLE proof of SSN:

- W-2 or other income forms (outside of SS benefits)
- Prior-year tax returns (even those prepared by Ladder Up)
- Photocopies of Social Security cards or Medicare cards
- Any other documents other than those that are approved

#### Social Security Card Caveats

Note	Meaning
VALID FOR WORK ONLY WITH DHS AUTHORIZATION	<b>Issued to individuals who are lawfully admitted the U.S. on a temporary basis who have DHS authorization to work</b>
NOT VALID FOR EMPLOYMENT	Lawfully admitted to the U.S. without authorization to work from DHS but need a number to receive a federal benefit or service.

If a taxpayer or spouse has a card with one to of these annotations, you should inquire further about their immigration status to be sure they qualify for a standard Form 1040. If they are required to file a Form 1040-NR, their return is out of scope. See information on **Resident Aliens** on the next page.

### Next steps:

1. Review the supplemental intake sheet and make sure that none of the out-of-scope visa types is present (F, J, M or Q)
2. Apply the substantial presence test. (See #2 below.)
3. If client is considered a resident for tax purposes this year make sure this is not the first year of residency for tax purposes (otherwise they are dual status and out-of-scope).

### Individual Taxpayer Identification Number (ITIN)

Taxpayers who are not eligible for a SSN can receive an ITIN for tax-filing purposes. An ITIN is a 9-digit number formatted the same way as a SSN, but begins with a "9" (i.e. 959-70-2966). An original ITIN card or letter is acceptable proof.

If a client is not eligible for a SSN and does not have an ITIN, they can set up an appointment to apply for an ITIN by contacting Ladder Up by calling (312) 409-1555 or e-mailing [ITIN@goladderup.org](mailto:ITIN@goladderup.org).

### Resident Aliens

A person is considered a resident alien if they meet one of the following two tests for the calendar year:

1. **The green card test** - You're considered to have met the green card test if at any time during the calendar year you were a lawful permanent resident of the United States according to the immigration laws, and this status hasn't been revoked or administratively or judicially determined to have been abandoned.
2. **The substantial presence test** - For the purposes of this test, the term United States doesn't include U.S. possessions and territories or U.S. airspace. The United States includes the following areas:
  - All 50 states and the District of Columbia,
  - The territorial waters of the United States, and
  - The seabed and subsoil of those submarine areas that are adjacent to U.S. territorial waters and over which the United States has exclusive rights under international law to explore and exploit natural resources.

To meet the substantial presence test, you must have been physically present in the United States on at least:

- A. 31 days during the current year, and
- B. 183 days during the 3 year period that includes the current year and the 2 years immediately before. To satisfy the 183 days requirement, count:
  - All of the days you were present in the current year, and
  - One-third of the days you were present in the first year before the current year, and
  - One-sixth of the days you were present in the second year before the current year.

**Days of Presence in the United States** – Do not count the following days of presence in the United States for the substantial presence test:

- Days you commute to work in the United States from a residence in Canada or Mexico if you regularly commute from Canada or Mexico. You commute regularly if you commute to work in the United States on more than 75% of the workdays during your working period in the current year.
- Days you're in the United States for less than 24 hours when you're in transit between two places outside the United States.
- Days you're in the United States as a crew member of a foreign vessel engaged in transportation between the United States and a foreign country or a U.S. possession. However, this exception doesn't apply if you otherwise engage in any trade or business in the United States on those days.
- Days you intended to leave, but couldn't leave the United States because of a medical condition or medical problem that arose while you were in the United States. Whether you intended to leave the United States on a particular day is determined based on all the facts and circumstances.
- Days you're an exempt individual.

**Exempt Individuals** – A person is considered an exempt individual if they fall into any of the following categories:

- An individual temporarily present in the United States as a foreign government-related individual under an **A or G visa**. However, this category doesn't include household staff of a foreign government-related individual present in the United States under an **A-3 or G-5 visa**.
- A teacher or trainee temporarily present in the United States under a **J or Q visa**, who substantially complies with the requirements of the visa. You won't be an exempt individual as a teacher or trainee if you were exempt as a teacher, trainee, or student for any part of 2 of the 6 preceding calendar years. However, you'll be an exempt individual if all of the following conditions are met:
  - You were exempt as a teacher, trainee, or student for any part of 3 (or fewer) of the 6 preceding calendar years,
  - A foreign employer paid all of your compensation during the current year, and
  - A foreign employer paid all of your compensation during each of the preceding 6 years you were present in the United States as a teacher or trainee.
- A student temporarily present in the United States under an **F, J, M, or Q visa**, who substantially complies with the requirements of the visa. You won't be an exempt individual as a student in the current year if you've been exempt as a teacher, trainee, or student for any part of more than 5 calendar years unless you meet both of the following requirements:
  - You establish that you don't intend to reside permanently in the United States.
  - You have substantially complied with the requirements of your visa.
- A professional athlete temporarily present in the United States to compete in a charitable sports event.

Even if you meet the substantial presence test, you may still be treated as a nonresident alien if you're present in the United States for fewer than 183 days during the current calendar year, you maintain a tax home in a foreign country during the year, and you have a closer connection to that country than to the United States. You can't claim a closer connection to a foreign country if you've applied for status as a lawful permanent resident of the United States, or you have an application pending for adjustment of status. Sometimes, a tax treaty between the United States and another country will provide special rules for determining residency for purposes of the treaty. See [Publication 519, U.S. Tax Guide for Aliens](#), for more information about the substantial presence test.

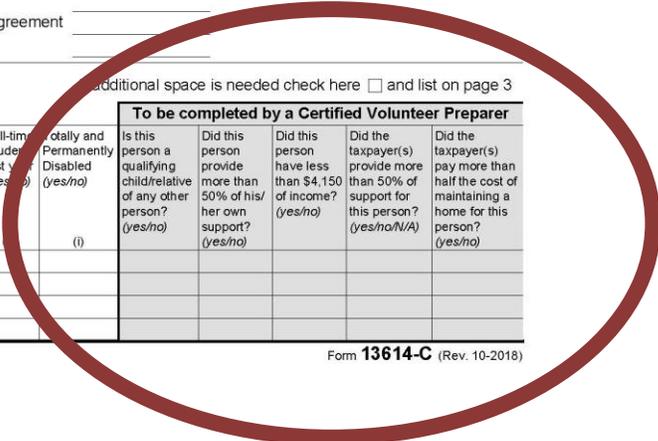
**Dual-Status Tax Year** - If your status changes during the year from resident alien to nonresident alien or vice versa, you generally have a dual-status tax year. Your tax on the income for the two periods may differ under the provisions of the laws that apply to each period. See [Publication 519, U.S. Tax Guide for Aliens](#), for more information about dual-status aliens.

Dual-status aliens are out-of-scope, as are non-resident aliens.

# IRS Form 13614-C Intake/Interview & Quality Review Sheet

- The 13614-C Form must be completed **for every return** prepared
- If the client is having multiple years prepared, they must complete this form for EACH corresponding year they wish to file.
- Make sure Client has filled in:
  - Part II: Marital Status
  - Part II 2: Everyone who lives with the client (including those not on the tax return)
- Make sure a certified volunteer completes the shaded grey section

Form <b>13614-C</b> (October 2018)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	OMB Number 1545-1964																																																																	
<p><b>You will need:</b></p> <ul style="list-style-type: none"> <li>• Tax Information such as Forms W-2, 1099, 1098, 1095.</li> <li>• Social security cards or ITIN letters for all persons on your tax return.</li> <li>• Picture ID (such as valid driver's license) for you and your spouse.</li> </ul> <p>• Please complete pages 1-3 of this form.                  • You are responsible for the information on your return. Please provide complete and accurate information.                  • If you have questions, please ask the IRS-certified volunteer preparer.</p> <p style="text-align: center;">Volunteers are trained to provide high quality service and uphold the highest ethical standards.                  To report unethical behavior to the IRS, email us at <a href="mailto:vi.voltax@irs.gov">vi.voltax@irs.gov</a></p>																																																																			
<b>Part I – Your Personal Information</b> (If you are filing a joint return, enter your names in the same order as last year's return)																																																																			
1. Your first name	M.I.	Last name																																																																	
2. Your spouse's first name	M.I.	Last name																																																																	
3. Mailing address		Apt # City																																																																	
4. Your Date of Birth	5. Your job title	6. Last year, were you:																																																																	
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:																																																																	
10. Can anyone claim you or your spouse as a dependent?		11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?																																																																	
<b>Part II – Marital Status and Household Information</b>																																																																			
1. As of December 31, 2018, what was your marital status?																																																																			
2. List the names below of:																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Name (first, last) Do not enter your name or spouse's name below</th> <th style="width:10%;">Date of Birth (mm/dd/yy)</th> <th style="width:10%;">Relationship to you (for example: son, daughter, parent, none, etc)</th> <th style="width:10%;">Number of months lived in your home last year</th> <th style="width:10%;">US Citizen (yes/no)</th> <th style="width:10%;">Resident of US, Canada, or Mexico last year (yes/no)</th> <th style="width:10%;">Single or Married as of 12/31/18 (S/M)</th> <th style="width:10%;">Full-time Student last year (yes/no)</th> <th style="width:10%;">Totally and Permanently Disabled (yes/no)</th> <th style="width:10%;">Is this person a qualifying child/relative of any other person? (yes/no)</th> <th style="width:10%;">Did this person provide more than 50% of his/her own support? (yes/no)</th> <th style="width:10%;">Did this taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)</th> <th style="width:10%;">Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)</th> </tr> </thead> <tbody> <tr> <td>(a)</td> <td>(b)</td> <td>(c)</td> <td>(d)</td> <td>(e)</td> <td>(f)</td> <td>(g)</td> <td>(h)</td> <td>(i)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table>			Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/18 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)																																											
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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)																																																											



IRS Form 13614-C (page 2-3)

- Use page 2 of Form 13614-C to ensure that all relevant tax and expense documents are accounted for.
- Use page 3 of Form 13614-C to ensure that all required tax documents related to health insurance are available
- Page 4 is not relevant to Ladder Up sites, as we do not use Tax Slayer software. Please make sure the Client complete the Ladder Up Consent/Disclosure forms instead, which are included in the TAP Supplemental Intake Form.

Page 2

Check appropriate box for each question in each section

**Yes** **No** **Unsure** **Part III – Income – Last Year, Did You (or Your Spouse) Receive**

1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** \_\_\_\_\_

2. (A) Tip Income?

3. (B) Scholarships? (Forms W-2, 1099-T)

4. (B) Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)

5. (B) Refund of state/local income taxes? (Form 1099-G)

6. (B) Alimony income or separate maintenance payments?

7. (A) Self-Employment income? (Form 1099-MISC, cash)

8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?

9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)

10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)

11. (A) Retirement income or payments from Pensions, Annuities, and/or IRA? (Form 1099-R)

12. (B) Unemployment Compensation? (Form 1099-G)

13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)

14. (M) Income (or loss) from Rental Property?

15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify \_\_\_\_\_

---

**Yes** **No** **Unsure** **Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay**

1. (B) Alimony or separate maintenance payments? **If yes, do you have the recipient's SSN?**  Yes  No  Other

2. Contributions to a retirement account?  IRA (A)  401K (B)  Roth IRA (B)  Other

3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)

4. (A) Deductions:  Medical & Dental (including insurance premiums)  Mortgage Interest (Form 1098)

Taxes (State, Real Estate, Personal Property, Sales)  Charitable Contributions

5. (B) Child or dependent care expenses such as daycare?

6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?

7. (A) Expenses related to self-employment income or any other income you received?

8. (B) Student loan interest? (Form 1098-E)

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**Yes** **No** **Unsure** **Part V – Life Events – Last Year, Did You (or Your Spouse)**

1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)

2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)

3. (A) Adopt a child?

4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? **If yes, for which tax year?** \_\_\_\_\_

5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)

6. (B) Live in an area that was declared a Federal disaster area? **If yes, where?** \_\_\_\_\_

7. (A) Receive the First Time Homebuyers Credit in 2008?

8. (B) Make estimated tax payments or apply last year's refund to this year's tax? **If so how much?** \_\_\_\_\_

9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

10. Receive a letter from the IRS?

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2018)

Page 3

Check appropriate box for each question in each section

**Yes** **No** **Unsure** **Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)**

1. (B) Have health care coverage?

2. (B) Receive one or more of these forms? (Check the box)  Form 1095-B  Form 1095-C

3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?

3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?

4. (B) Have an exemption granted by the Marketplace?

**To be Completed by a Certified Volunteer Preparer** (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name	MEC All Year	No MEC	Months with MEC	Months with Exemption	Exempt All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

**Part VII – Additional Information and Questions Related to the Preparation of Your Return**

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) \_\_\_\_\_

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not charge)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse

3. If you are due a refund, would you like: a. Direct deposit  Yes  No b. To purchase U.S. Savings Bonds  Yes  No c. To split your refund between different accounts  Yes  No

4. If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No

**Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.**

5. Would you say you can carry on a conversation in English, both understanding & speaking?  Very well  Well  Not well  Not at all  Prefer not to answer

6. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer

7. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer

8. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer

Additional comments \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. 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, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2018)

## Income Documents Overview

The following documents are in-scope for Ladder Up services.

Client's Form	Description
W-2	Wages and Salaries
1099-INT	Interest
1099-DIV	Dividends
1099-MISC	Box 7: Non-Employee Compensation, Box 2: Royalties, or Box 3: Other Income
1099-K	Payment Card and Third Party Network Transactions (generally Uber or Lyft drivers)
1099-B	Capital Gain (or loss)
1099-R or RRB-1099	Distribution from IRAs or Distribution from Retirement Plans
1099-G	Unemployment Compensation or Taxable State Tax Refund
SSA-1099	Social Security Benefits
1095-A, B, or C	Health Insurance Statement
W-2G	Certain Gambling Winnings
1099-C	Cancellation of Debt ( <b>only credit card debt is in scope for Ladder Up</b> )
1098-T	Tuition Statement
1098-E	Student Loan Interest
1098	Mortgage Interest Statement

## Expense Documents Overview

Clients may also have expenses that reduce their tax liability or taxable income.

**All clients with self-employment income should receive a “Self-Employment Expenses” worksheet (see next two pages).**

A list of expenses is provided below along with the corresponding supporting documents. If the client does not have everything, please advise him to return once all the documents have been received or collected.

- Education expenses
  - Expenses for kindergarten through 12<sup>th</sup> grade are relevant for the Illinois return. Request receipts.
  - Postsecondary education expenses are relevant for the Federal return. Request receipts.
- Childcare expenses
  - Documentation must include the care provider’s Employer Identification Number (EIN). If the care provider is an individual, his/her name and SSN are required to claim expenses.
- Mortgage interest and real estate (property) taxes paid. Many homeowners will bring in a Form 1098 to show mortgage interest paid and a property tax bill. (The prior year tax bill is required as property taxes are paid in arrears. The deduction is for the year the bill was actually paid). However, you can also look this information up online with the county’s Treasurers office.
- Medical expenses (for taxpayers that itemize their deductions)
- Charitable contributions ( for taxpayers that itemize their deductions)

## Screening of Schedule C Clients with Expenses

### **A Guide for Screeners and Advanced Preparers**

Screening of Schedule C clients with who have expenses that they want to deduct can be very difficult because the 13614-C form asks if clients have expenses related to self-employment income but does not ask for details. As the details emerge during the course of the client's visit it may become apparent that the client is outside the scope of the program, often after they have spent several hours at a site. In order to expedite the process, Ladder Up has designed an additional data request document for such clients that they can complete while waiting to be served. We should give the additional data request to the client as soon as we know that they have self-employment expenses, typically during screening, or even earlier if we find out sooner.

The list on the following page shows various Schedule C situations that are out of scope for VITA programs. As soon as you become aware of one of these, you should refer the client to a paid preparer. If in doubt, see your site leader. The sooner we can resolve these issues, the better off both we and our clients will be.

Looking at the client's completed additional data sheet for self-employment expenses, here are some questions to look at sooner rather than later:

**Question #2:** If the client answers "Yes" or if they run a day care center in their home, then they may be eligible to claim certain of the expenses of their residence on their tax return. Such clients should be referred to a professional preparer. Oftentimes clients who do not fall into one of those two categories will still want to claim home office expenses. You can explain that such clients do not meet the rules to do so and, assuming they agree, prepare their return without home office expenses.

**Question #3:** Businesses where others were employed, either as employees or independent contractors, are out of scope. (Previously contract laborers who were paid less than \$600 were allowed but a new restriction was added for 2017 returns).

**Question 4:** VITA sites typically are not allowed to prepare returns for businesses with inventory. Inventory is the items the taxpayer buys or makes for resale to others. Most such returns are out of scope. However, if a taxpayer buys items after receiving an order and resells them immediately as part of the order, that is not inventory and we can prepare the return.

**Question 5:** If items are expected to last for more than a year, they typically are required to be depreciated and depreciation is out of scope. However, for clients who make such purchases in amounts less than \$2,500 per invoice or \$2,500 per item (substantiated by invoice) they can elect to expense all such items purchased during the year. To do so, the client needs to make a "Section 1.263(a)-1(f) de minimis safe harbor election" that contains the name, address, taxpayer identification number, and a statement that the client is making the de minimis safe harbor election. Returns have to be filed timely including extensions in order to make the election. To make the election in ProSeries, click "Where do I enter" and enter "election" in the search box. A list of elections will open, and you need to look down it until you find the "Election, De Minimis Safe Harbor" line and click on it. The election form will open, and you need to click the check box to make the election. ProSeries will handle the rest. Any other returns with purchases of items expected to last more than a year should be referred to a paid preparer.

**Question 6:** VITA sites are not allowed to prepare returns with actual vehicle expenses, so clients who wish to do so should be referred to a paid preparer. VITA sites are also not allowed to do returns if the taxpayer used actual expenses for the car in any prior year return (look at question 6-j).

**Expenses over \$25,000 and/or Net Losses:** VITA sites are not allowed to prepare such returns. While it may not become apparent that the client is in one of these situations until deep into the preparation process, it is worth taking a quick look at the revenue and expenses to make sure that you do not have an obvious problem in this area.

## What Schedule C situations are out of scope for the VITA program?

The following are out of scope for Schedule C. While this list may not be all inclusive, it is provided for your awareness.

- Income from a hobby (an activity typically undertaken for pleasure during leisure time) or not-for-profit activity
- Expenses over \$25,000
- Return and allowances
- Cost of goods sold (inventory)
- Expenses for employees
- Business use of home
- Contract labor
- Casualty losses
- Vehicle expenses reported as actual expenses
- Depreciation or asset write-offs
- Rental or lease expenses – vehicle leases of more than 30 days
- A “Yes” response indicating there is a requirement to file Form(s) 1099
- Income from the manufacture, distribution, or trafficking of controlled substances (such as marijuana)
- Accounting methods other than the cash method
- Net losses
- A “No” response that indicates the taxpayer does not meet any of the tests of material participation, or is uncertain about materially participating in a business
- Taxpayers who receive any credit card or similar payments that are not includible in income

## Self-Employment Expenses

### Additional Information Needed

You have told us that you have certain expenses related to your self-employment income. Please provide us with some additional information about the type and amount of expenses that you have. There are questions on both the front and back of this sheet.

1. Did you drive for Uber and/or Lyft? If you drove for Uber and/or Lyft, we will need your income documents (1099-MISC and/or 1099-K) as well as the tax information report from your account, either a printout or access to the information on your app. That report will include mileage as well as various fees charged by Uber and/or Lyft during the year. If you do not have this report or know how to get it, please see the site leader.  Yes  No

2. Did you have a portion of your residence that you used regularly and exclusively for your business? If yes, please describe below:  Yes  No

3. Did you have any employees or use any independent contractors? If so, please describe below:  Yes  No

4. Did you buy things or make things that you later sold to clients? If so, please describe and give amounts:  Yes  No

5. Did you buy any items for your business that would normally be expected to last for more than a year (for example, computers, equipment, cameras, etc.)? If so, please describe and give amounts:  Yes  No

6. Did you drive your own vehicle in your business (other than driving to or from work)? If so, please provide the following:  Yes  No

(a) Type of vehicle (year, make, model): \_\_\_\_\_

(b) What year first used in business? \_\_\_\_\_

(c) Total miles driven during the year: \_\_\_\_\_

(d) Business miles driven during the year: \_\_\_\_\_

(e) Do you have written documentation for your mileage?  Yes  No

(f) Parking and Tolls paid while on business: \_\_\_\_\_

(g) Interest paid on vehicle loan: \_\_\_\_\_

(h) Is the vehicle available for personal use?  Yes  No

(i) Do you have another vehicle available for personal use?  Yes  No

(j) Did you ever claim actual expenses (gas, oil, repairs, etc.) for this vehicle on a previous tax return?  Yes  No

(over)

## Self-Employment Expenses

### Additional Information Needed

7. Did you have any advertising expenses (flyers, posters, newspaper ads, etc.)? If so, please describe and give amounts:  Yes  
 No

8. Did you purchase any supplies (for example, office supplies or cleaning supplies?) If so, please describe and give amounts:  Yes  
 No

9. Did you lease or rent any equipment, space, or other item? If so, please describe and give amounts:  Yes  
 No

10. Did you use a telephone for your business? If so, please describe and give amounts:  Yes  
 No

11. Did you have to pay any fees, licenses, etc. related to your business? If so, please describe and give amounts:  Yes  
 No

12. Did you provide any meals or entertainment for clients? If so, please describe and give amounts:  Yes  
 No

13. Did you pay any professional fees, such as lawyers, accountants, etc. related to your business? If so, please describe and give amounts:  Yes  
 No

14. Did you have any expenses for office supplies (paper, postage, etc.). If so, please describe and give amounts:  Yes  
 No

15. What type of work were you doing in this business?

16. Did you have other expenses that we have not asked about? If so, please describe and give amounts:  Yes  
 No



BASIC Common Forms for Returns

**Form W2 (Basic or HSA)**

This form is used to report wages earned

b. Employer Identification Number (EIN): Required for successful e-filing

1: Total earnings  
2: Federal income tax withheld

a Employee's social security number <b>123-45-6789</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>		
b Employer identification number (EIN) <b>11-2233445</b>		1 Wages, tips, other compensation <b>48,500.00</b>	2 Federal income tax withheld <b>6,835.00</b>					
c Employer's name, address, and ZIP code <b>The Big Company 123 Main Street Anywhere, PA 12845</b>		3 Social security wages <b>50,000.00</b>	4 Social security tax withheld <b>3,100.00</b>					
d Control number <b>A1B2</b>		5 Medicare wages and tips <b>50,000.00</b>	6 Medicare tax withheld <b>725.00</b>					
e Employee's first name and initial Last name <b>Jane A DOE</b>		7 Social security tips	8 Allocated tips					
f Employee's address and ZIP code <b>123 Elm Street Anywhere Else, PA 23456</b>		9	10 Dependent care benefits					
11 Nonqualified plans		12a See instructions for box 12 <b>D</b>   <b>1,500.00</b>						
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b <b>DD</b>   <b>1,000.00</b>						
14 Other		12c <b>P</b>   <b>4,800.00</b>						
12d								
15 State <b>PA</b>	Employer's state ID number <b>1235</b>	16 State wages, tips, etc. <b>50,000</b>	17 State income tax <b>1,535</b>	18 Local wages, tips, etc. <b>50,000</b>	19 Local income tax <b>750</b>	20 Locality name <b>MU</b>		

Form **W-2 Wage and Tax Statement** **2014**  
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 Department of the Treasury—Internal Revenue Service.



15-20: This is where all of the state information will be reported, including state withholding. **WATCH OUT!** Make sure the state is IL. We can only prepare state returns for Illinois.



Make sure the year corresponds to the tax year being prepared. Sometimes old W-2s can get mixed up in the paperwork.



12a-12d: The codes reported here can require special certification to prepare the return.

- Code "W" indicates a Health Savings Account (HSA certification only)
- Code "Q" indicates Combat Pay (Military certification only)

# Form W-2G (Basic)

The form shows gambling winnings

1: Amount won

4, 15: Federal and state withholdings



Sometimes clients go out of state to gamble. so note the state abbreviation here. If the winnings are from outside of Illinois, the return will need to be reviewed by the site leader.

3232     VOID     CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Gross winnings	2 Date won
		\$	
PAYER'S federal identification number    PAYER'S telephone number		3 Type of wager	4 Federal income tax withheld
			\$
WINNER'S name		5 Transaction	6 Race
		7 Winnings from identical wagers	8 Cashier
Street address (including apt. no.)		9 Winner's taxpayer identification no.	10 Window
City or town, province or state, country, and ZIP or foreign postal code		11 First I.D.	12 Second I.D.
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		13 State/Payer's state identification no.	14 State winnings
			\$
Signature ►		15 State income tax withheld	16 Local winnings
		\$	\$
Date ►		17 Local income tax withheld	18 Name of locality
		\$	

OMB No. 1545-0238

**2016**

**Form W-2G**

**Certain Gambling Winnings**

For Privacy Act and Paperwork Reduction Act Notice, see the **2016 General Instructions for Certain Information Returns.**

**File with Form 1096**

**Copy A  
For Internal Revenue Service Center**

Form **W-2G**

Cat. No. 10138V

[www.irs.gov/w2g](http://www.irs.gov/w2g)

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page – Do Not Cut or Separate Forms on This Page**

## Form 1099-INT (Basic)

This form is used to report income from interest earned.

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	
		1 Interest income	<b>2016</b>	
		\$	Form <b>1099-INT</b>	
PAYER'S federal identification number    RECIPIENT'S identification number		2 Early withdrawal penalty		
		\$		
RECIPIENT'S name		3 Interest on U.S. Savings Bonds and Treas. obligations		
Street address (including apt. no.)		\$		
City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld	5 Investment expenses	
		\$	\$	
		6 Foreign tax paid	7 Foreign country or U.S. possession	
		\$	\$	
		8 Tax-exempt interest	9 Specified private activity bond interest	
		\$	\$	
		10 Market discount	11 Bond premium	
		\$	\$	
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	
		\$	\$	
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		
		\$		
		\$		
		15 State	16 State identification no.	17 State tax withheld
				\$
				\$

Form **1099-INT**    [www.irs.gov/form1099int](http://www.irs.gov/form1099int)    Department of the Treasury - Internal Revenue Service

1: Interest payments received

2: Clients can withdraw money from a time deposit before its maturity date but a penalty will apply. Any penalties will be reported here.

3: Interest received on US Savings Bond or Treasury obligations

**Interest Income**

**Copy 1**

**For State Tax Department**

Always note the year on each form

Not all 1099-INT forms look like this one. Many banks will simply send out a sheet with the needed information. Remember to pay close attention to all information.

## Form 1099-DIV (Basic)

This form is used to report dividends received.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends	OMB No. 1545-0110	
		\$	<b>2015</b> Form <b>1099-DIV</b>	
		\$		
PAYER'S federal identification number	RECIPIENT'S identification number	2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	<b>Dividends and Distributions</b>  <b>Copy 1</b> <b>For State Tax Department</b>
		\$	\$	
RECIPIENT'S name		2c Section 1202 gain	2d Collectibles (28%) gain	
Street address (including apt. no.)		\$	\$	
City or town, state or province, country, and ZIP or foreign postal code		3 Nondividend distributions	4 Federal income tax withheld	
		\$	\$	
		6 Foreign tax paid	7 Foreign country or U.S. possession	
		\$		
		8 Cash liquidation distributions	9 Noncash liquidation distributions	
		\$	\$	
		10 Exempt-interest dividends	11 Specified private activity bond interest dividends	
		\$	\$	
Account number (see instructions)		12 State	13 State identification no.	14 State tax withheld
				\$
				\$

Form **1099-DIV** www.irs.gov/form1099div Department of the Treasury - Internal Revenue Service

1a: Total amount of dividends received

1b: Portion of the amount in Box 1a that may be eligible for reduced capital gains rates

2a: Distributions paid to shareholders out of profitable investment sales

Always note the year on each form



Not all 1099-DIV forms look like this one. Many banks will simply send out a sheet with the needed information. Just look for the name of the form on the document that is provided to you.

## Form 1099-R (Basic or Advanced\*)

This form reports income received from pensions, annuities, and other.

If the taxable amount is **NOT** determined in Box 2a, then this must be completed by a tax preparer with **Advanced Certification**.

1: Total amount of retirement income received during the year

2a: Amount from Box 1 that is considered taxable

**\*WATCH OUT!** If the taxable amount is not determined (blank box), the Simplified Method will have to be utilized to calculate the taxable amount. This process can only be done by volunteers who are certified at the Advanced level.



PAYER  CORRECTED (if checked) For assistance, call the IRS at 1-800-829-1040

New Jersey Division of Pensions and Benefits PO Box 295 Trenton, NJ 08625-0295		1 Gross distribution 00,000.00	OMB No 1545-0119 <b>2016</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.
PAYER'S Federal identification number XX-XXXXXXX		2a Taxable amount 00,000.00		
Recipient's identification number XXX-XX-XXXX		2b Taxable amount not determined <input type="checkbox"/>	3 Capital gain (included in box 2a)	COPY C For Recipient's Records
4 Federal income tax withheld 000.00		Total distribution <input type="checkbox"/>	7 Distribution code X	
9a Your percentage of total distribution	5 Employee contributions or insurance premiums 000.00	9b Total employee contributions 0,000.00	12 State tax withheld 000.00	This information is being furnished to the Internal Revenue Service
Recipient's name, address, and ZIP code A. RETIREE 123 FIRST STREET ANYTOWN, NJ 07000			13 State/Payer's state number	KEEP THIS COPY FOR YOUR RECORDS
			Account number (optional)	

Form 1099-R Department of the Treasury--Internal Revenue Service

7: The code corresponds to the type of distribution the client received

**WATCH OUT!** Codes 5, 6, 8, 9, A, E, J, K, N, P, R, T, U, and W are ALL out of scope



## Form 1099-G (Basic)

This form reports certain government payments.

1: Income a client received through unemployment compensation

VOID     CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120 <b>2015</b> Form <b>1099-G</b>	<b>Certain Government Payments</b>
		2 State or local income tax refunds, credits, or offsets \$		
PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	<b>Copy 1 For State Tax Department</b>
RECIPIENT'S name		5 RTAA payments \$	6 Taxable grants \$	
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$		
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld \$
				\$

Form **1099-G**    www.irs.gov/form1099g    Department of the Treasury - Internal Revenue Service

4, 11: Federal and state tax withholdings



The form may come in a different format but will contain the same information. Make sure you are reading and inputting all information correctly.

## Form SSA-1099 (Basic)

The form reports Social Security benefits, which can sometimes be taxable.

If Social Security benefits are a client's **ONLY** source of income, and they are not filing married separately, then the taxpayer is not required to file a return.

**1:** Beneficiary name is reported here

**WATCH OUT!** The only benefits that need to be reported on the tax return are for the taxpayer and spouse. Dependent benefits would be included on their own tax return, if they are required to file.

Sometimes clients have Medicare Part B, C, or D. Those amount would be reported here.

**2015** • 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	
Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
SAMPLE		Box 6. Voluntary Federal Income Tax Withheld
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)

**5:** The amount of benefits they received for the year

**6:** Clients can voluntarily withhold taxes from their benefits. Any withholdings are reported here.

**WATCH OUT!** This is not the same form as a 1099-SA.

Form SSA-1099-SM (1-2016) DO NOT RETURN THIS FORM TO SSA OR IRS

# Form RRB-1099 (Basic)

The form reports benefits received from the Railroad Retirement Board.



There is a blue part to this form (pictured below) and a green part to this form. Tier 1 benefits are reported on the blue portion of the form and are known as Social Security Equivalent Benefits and are entered on the Social Security Benefits worksheet. Treat the benefits reported on this form like the information reported on Form SSA-1099.

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	20XX	PAYMENTS BY THE RAILROAD RETIREMENT BOARD	
1. Claim Number and Payee Code  2. Recipient's Identification Number  Recipient's Name, Street Address, City, State, and Zip Code	3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2014 4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2014 5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2014 6. Workers' Compensation Offset in 2014 7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2013 8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2012 9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2012 10. Federal Income Tax Withheld	11. Medicare Premium Total	COPY C - FOR RECIPIENT'S RECORDS.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

DO NOT ATTACH TO YOUR INCOME TAX RETURN

5: Net Social Security Equivalent Benefit

10: Federal withholdings

11: Any Medicare premiums deducted

**FORM RRB-1099**

# Form RRB-1099-R (Basic)

The form reports benefits received from the Railroad Retirement Board.



Tier 2 benefits are reported on the green portion of the form and are entered on a 1099-R worksheet.

- 3: Employee Contributions need to be entered in order to determine taxable amount
- 4: Contributory amount Paid will reduce the taxable amount
- 5: Vested dual benefits and supplemental annuity benefits are non-contributory pensions and are fully taxable

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 644 N RUSH ST CHICAGO IL 60611-2092		<b>20XX</b>		<b>ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD</b>			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Employee Contributions		<b>COPY B -</b>  <b>REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.</b>  <b>THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.</b>			
1. Claim Number and Payee Code	4. Contributory Amount Paid						
2. Recipient's Identification Number	5. Vested Dual Benefit						
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity						
	7. Total Gross Paid (Sum of boxes 4, 5 and 6)						
	8. Repayments						
	9. Federal Income Tax Withheld						
	10. Rate of Tax						
		11. Country				12. Medicare Premium Total	

**FORM RRB-1099-R**

7: Total Gross Paid

9: Federal withholdings

12: Any Medicare premiums deducted

## Form 1098-E (Basic)

The form is used to report interest paid by the taxpayer on a student loan.

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		OMB No. 1545-1576	<b>2016</b> Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>
RECIPIENT'S federal identification no.	BORROWER'S social security number	<b>1</b> Student loan interest received by lender \$		
BORROWER'S name				
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		<b>2</b> If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		

Form **1098-E** (keep for your records) [www.irs.gov/form1098e](http://www.irs.gov/form1098e) Department of the Treasury - Internal Revenue Service

1: Amount of interest paid during the tax year

## Form 1098-T (Basic)

The form is issued by a postsecondary education institution to report tuition paid.



For dependent students, the parents will include the 1098-T on their tax return in order to claim education credits. However, if a student has scholarships that exceed the tuition paid, the student will also need to include this as scholarship income if he files taxes as well.

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>The Ohio State University</b> <b>281 West Lane Ave</b> <b>1st Floor Lobby</b> <b>Columbus, OH</b>		<b>1</b> Payments received for qualified tuition and related expenses <b>\$</b>	OMB No. 1545-1574  <b>2018</b>  Form <b>1098-T</b>	<b>Tuition Statement</b>
FILER'S employer identification no. <b>316025986</b>	STUDENT'S TIN <b>*****1234</b>	<b>2</b>	<b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
STUDENT'S name <b>Brutus Buckeye</b>		<b>3</b> If this box is checked, your educational institution changed its reporting method for 2018 <input type="checkbox"/>		<b>4</b> Adjustments made for a prior year <b>\$</b>
Street address (including apt. no.) <b>281 W Lane Ave</b>		<b>6</b> Adjustments to scholarships or grants for a prior year <b>\$ 123456789</b>	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January—March 2019 <input checked="" type="checkbox"/>	<b>2: The amount the school billed the student. Amounts reported here were not necessarily paid in the tax year.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Columbus, OH 43021 USA</b>		<b>8</b> Check if at least half-time student <input checked="" type="checkbox"/>	<b>9</b> Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)	<b>10</b> Ins. contract reimb./refund <b>\$</b>	<b>Form 1098-T</b> (keep for your records) <a href="http://www.irs.gov/Form1098T">www.irs.gov/Form1098T</a> Department of the Treasury - Internal Revenue Service		

**1:** Amounts paid directly to the school. Only amounts actually paid are taken into account when calculating education credits

**WATCH OUT!** There could be additional out-of-pocket expenses such as books and supplies.

**5:** Scholarships received

**8, 9:** Lets you know if the student was full-time and if they completed their undergraduate degree already. It's important to indicate the status of these boxes in the software because it could affect a client's eligibility for certain credits.

## ADVANCED Common Forms for Returns

### Form 1098 (Basic or Advanced\*)

The form reports mortgage interest paid by a taxpayer to a mortgage company.

\*If a client itemizes their deductions, the form must be entered by a tax preparer with **Advanced Certification**.

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0901 <b>2016</b> (Rev. July 2016) Form <b>1098</b>	<b>Mortgage Interest Statement</b>
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	<b>Copy B For Payer/ Borrower</b>  The information in boxes 1 through 9 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.
RECIPIENT'S/LENDER'S federal identification number	PAYER'S/BORROWER'S taxpayer identification no.		
PAYER'S/BORROWER'S name		1 Mortgage interest received from payer(s)/borrower(s)* \$	
Street address (including apt. no.)		2 Outstanding mortgage principal as of 1/1/2016 \$	3 Mortgage origination date
City or town, state or province, country, and ZIP or foreign postal code		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$
10 Other		6 Points paid on purchase of principal residence \$	
Account number (see instructions)		7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address? If Yes, box is checked <input type="checkbox"/> If No, see box 8 or 9, below	
		8 Address of property securing mortgage	
		9 If property securing mortgage has no address, below is the description of the property	

Form **1098** (Keep for your records) [www.irs.gov/form1098](http://www.irs.gov/form1098) Department of the Treasury - Internal Revenue Service



Note the borrower's name – only the person listed on the form can claim the interest paid even if it was paid by someone else

1: The amount of interest on the mortgage the client has paid

5: Mortgage insurance premiums are no longer deductible.



10: If the taxpayer paid property tax through escrow, this is where the amounts paid will appear

***WATCH OUT!*** Ask your client if they have a property tax bill as the Illinois return requires the Property Index Number to be entered. The PIN appears on the bill and can be found online if needed.

# Property Tax Bill (Basic or Advanced\*)

If the client does not have a copy of their bill, we can look up the relevant information online.

\*If a client itemizes their deductions, the form must be entered by a tax preparer with **Advanced Certification**.



We prefer to see the second installment because the full amount paid during the tax year is reported on the second installment bill.

**WATCH OUT!** The year should be the **PREVIOUS** year since property taxes are paid in arrears. For example, 2015 property taxes are paid in 2016.

Property Index Number (PIN)



This section is where the full amount that was paid for the entire year will be reported.

**WATCH OUT!** Do not use amount in "total payment due" as it is only a partial payment for the year.

Clients may receive an Illinois Property Tax Credit even if they do not itemize on their Federal Return.

TOTAL PAYMENT DUE		2013 Second Installment Property Tax Bill						
<b>\$379.95</b>		Property Index Number (PIN)	Volume	Code	Tax Year	(Payable to)	Township	Classification
By 08/01/14 (on time)		11-22-333-444-0000	251	70012	2013	(2014)	HYDE PARK	2-99
IF PAYING LATE	08/02/14-09/01/14	09/02/14-10/01/14	10/02/14-11/01/14	LATE PENALTY IS 1.5% PER MONTH, BY STATE LAW				
PLEASE PAY	\$395.65	\$391.35	\$397.05					
TAXING DISTRICT BREAKDOWN								
Taxing District	2013 Tax	2013 Rate	2013 %	Pension	2012 Tax			
<b>MISCELLANEOUS TAXES</b>								
Metro Water Reclamation District	18.85	0.417	0.92%	1.85	24.58			
Parks-Museums-Aquarium Bond	0.81	0.018	0.04%		1.13			
Chicago Park District	18.17	0.402	0.89%	0.72	25.12			
<b>Miscellaneous Taxes Total</b>	<b>37.83</b>	<b>0.837</b>	<b>1.85%</b>		<b>50.83</b>			
<b>SCHOOL TAXES</b>								
Board of Education	165.97	3.671	8.10%		227.37			
Chicago Community College Dist 508	9.00	0.199	0.44%		12.62			
<b>School Taxes Total</b>	<b>174.97</b>	<b>3.870</b>	<b>8.54%</b>		<b>239.99</b>			
<b>MUNICIPALITY/TOWNSHIP TAXES</b>								
TIF-Chicago-43rd Cottage Grove	1,739.42	***	84.92%		2,608.38			
Chicago School Bldg & Imp Fund	6.87	0.152	0.34%		9.70			
Chicago Library Fund	6.10	0.135	0.30%		8.51			
City of Chicago	54.66	1.209	2.67%	25.14	76.48			
<b>Municipality/Township Taxes Total</b>	<b>1,807.05</b>	<b>1.496</b>	<b>88.23%</b>		<b>2,703.08</b>			
<b>COOK COUNTY TAXES</b>								
Cook County Forest Preserve District	3.12	0.069	0.15%	0.09	4.19			
County of Cook	12.45	0.275	0.60%	5.38	19.06			
Cook County Public Safety	9.90	0.219	0.48%		12.03			
Cook County Health Facilities	2.98	0.066	0.15%		4.19			
<b>Cook County Taxes Total</b>	<b>28.45</b>	<b>0.629</b>	<b>1.38%</b>		<b>39.47</b>			
<b>(Do not pay these totals)</b>								
	<b>2,048.30</b>	<b>6.832</b>	<b>100.00%</b>		<b>3,033.37</b>			
**Visit cookcountyclerk.com for information about TIFs and for TIF revenue distributions.								
TAX CALCULATOR			IMPORTANT MESSAGES					
2012 Assessed Value	16,904	2013 Total Tax Before Exemptions	Thank you for your first installment payment of: \$1,668.35 on 03-16-14					
2013 Property Value	112,620	2,048.30						
2013 Assessment Level	X 101	Homeowner's Exemption	.00					
2013 Assessed Value	11,262	Senior Citizen Exemption	.00					
2013 State Equalization Factor	X 2.6621	Senior Assessment Freeze Exemption	.00					
2013 Equalized Assessed Value (EAV)	39,981	2013 Total Tax After Exemptions	2,048.30					
2013 Local Tax Rate	X .8322	First Installment	1,668.35					
2013 Total Tax Before Exemptions	2,048.30	Second Installment +	379.95					
		Total 2013 Tax (Payable in 2014)	2,048.30					
			<b>PROPERTY LOCATION</b>		<b>MAILING ADDRESS</b>			
			999 ELM STREET CHICAGO IL 60600		PAT JONES 999 ELM STREET CHICAGO IL 60600			
TOTAL PAYMENT DUE		IMPORTANT PAYMENT MESSAGES						
<b>\$379.95</b>		This tax bill has been identified to be paid by a bank/mortgage company. Verify by contacting your lender. Do not double-pay this bill.						
By 08/01/14 (on time)		SN 0020120200 RTN 500001075 AN (see PIN) TC 000922		Property Index Number (PIN)				
If paying later, refer to amounts above.				11-22-333-444-0000				
				251				
				Amount Paid				
				\$				
				Include name, PIN, address, location, phone and email on check payable to Cook County Treasurer.				
<input type="checkbox"/> Name/Mailing Address changed? Check box and complete form on back to update your name and/or mailing address.								

## Form 1099-B (Adv)

This form is used to report proceeds from broker or barter transactions.

This form must be entered by a tax preparer with **Advanced Certification**.

VOID     CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Applicable check box on Form 8949	OMB No. 1545-0715 <b>2016</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>
1a Description of property (Example 100 sh. XYZ Co.)				
1b Date acquired		1c Date sold or disposed		<b>Copy 1 For State Tax Department</b>
PAYER'S federal identification number	RECIPIENT'S identification number	1d Proceeds \$	1e Cost or other basis \$	
RECIPIENT'S name		1f Accrued market discount \$	1g Wash sale loss disallowed \$	1e: Cost or other basis of securities sold. A security's basis is the purchase price after commissions or other expenses 1g: shows the nondeductible portion of the loss
Street address (including apt. no.)		2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, basis reported to IRS <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld \$	5 If checked, noncovered security <input type="checkbox"/>	3: This box is checked if the basis was reported to the IRS
Account number (see instructions)		6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>	
CUSIP number		8 Profit or (loss) realized in 2016 on closed contracts \$	9 Unrealized profit or (loss) on open contracts—12/31/2015 \$	4: Federal income tax withheld
14 State name	15 State identification no.	10 Unrealized profit or (loss) on open contracts—12/31/2016 \$	11 Aggregate profit or (loss) on contracts \$	
16 State tax withheld \$		12 Check if proceeds from collectibles <input type="checkbox"/>	13 Bartering \$	

Form **1099-B**    www.irs.gov/form1099b    Department of the Treasury - Internal Revenue Service

1a: Provides the name of the security that was sold

1b & 1c: Dates of purchase and sale of the security

1e: Cost or other basis of securities sold. A security's basis is the purchase price after commissions or other expenses  
1g: shows the nondeductible portion of the loss

3: This box is checked if the basis was reported to the IRS

2: Indicates the type of gain or loss resulting from the transaction. Short (<1 year) or long term (>1 year)

4: Federal income tax withheld

# Form 1099-MISC (Adv)

This form must be entered by a tax preparer with **Advanced Certification**.

3: Shows payment amounts from various sources such as prizes/awards, taxable damages, or being the beneficiary of a deceased employee

7: Shows nonemployee compensation. The client did not necessarily "have a business," but simply performed services in which it was determined that an employer-employee relationship did not exist.

2: Shows royalty payments from intangible property such as patents, copyrights, trade names, and trademarks

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	OMB No. 1545-0115 <b>2014</b> Form 1099-MISC		<b>Miscellaneous Income</b>
		2 Royalties \$			
PAYER'S federal identification number		3 Other income \$	4 Federal income tax withheld \$		<b>Copy B For Recipient</b>
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		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.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, state or province, country, and ZIP or foreign postal code		11	12		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form **1099-MISC** (keep for your records) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc) Department of the Treasury - Internal Revenue Service



Taxpayers with this form might have expenses to report along with this income. We can accept informal records such as a handwritten journal of expenses. However, tell the taxpayer that in the event of an audit, the IRS will want to see originals. Urge all clients to improve and formalize recordkeeping if they are self-employed.



## Form 1099-K (Adv)

This form is issued to individuals who receive income from payment settlements or third-party companies (e.g. Lyft, Uber, GrubHub, etc.)

This form must be entered by a tax preparer with **Advanced Certification**.

VOID     CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205  <b>2016</b>  Form 1099-K	<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S taxpayer identification no.		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		<b>1a</b> Gross amount of payment card/third party network transactions \$	<b>2</b> Merchant category code	<b>Copy 1 For State Tax Department</b>
		<b>1b</b> Card Not Present transactions \$		
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>5a</b> January \$	<b>5b</b> February \$	
		<b>5c</b> March	<b>5d</b> April	
PAYEE'S name				



Taxpayers with this form might have expenses to report along with this income. We can accept informal records such as a handwritten journal of expenses. However, tell the taxpayer that in the event of an audit, the IRS will want to see originals. Urge all clients to improve and formalize recordkeeping if they are self-employed.

# Form 1099-C (Adv)

This form reports cancellation of debt.



4: Description of the debt. **WATCH OUT!** Ladder Up can only prepare returns for cancellation of nonbusiness credit card debt. Any other kind of debt is out of scope.

1: Earliest identifiable date of when the discharge occurred

2: The amount of debt discharged

3: Amount of interest that was included with the amount in Box 2

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 <b>2016</b> Form <b>1099-C</b>	<b>Cancellation of Debt</b>
		2 Amount of debt discharged \$		
		3 Interest if included in box 2 \$		
CREDITOR'S federal identification number	DEBTOR'S identification number	4 Debt description		<b>Copy B For Debtor</b> 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 taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name		5 If checked, the debtor was personally liable for repayment of the debt <input type="checkbox"/>		
Street address (including apt. no.)		6 Identifiable event code		
City or town, state or province, country, and ZIP or foreign postal code		7 Fair market value of property \$		
Account number (see instructions)				

Form **1099-C** (keep for your records) [www.irs.gov/form1099c](http://www.irs.gov/form1099c) Department of the Treasury - Internal Revenue Service



5: This box is checked if the client was personally liable for the debt. **WATCH OUT!** Ladder Up can only prepare returns for clients who are solvent. meaning at the time the debt was discharged, their assets exceeded their liabilities. Clients who were insolvent may qualify to exclude all or some of the discharged debt, however, the rules involved are complex and the client should consult a paid preparer to claim an insolvency exemption.

# Form 1099-S (Adv)

This form reports proceeds from real estate transactions.



If the Form 1099-S was received for the sale of an inherited property, the return is out of scope.

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Date of closing	OMB No. 1545-0997  <span style="font-size: 2em; font-weight: bold;">2017</span>  Form 1099-S	<b>Proceeds From Real Estate Transactions</b>
FILER'S federal identification number    TRANSFEROR'S identification number		2 Gross proceeds \$		
TRANSFEROR'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3 Address or legal description		<b>Copy B For Transferor</b> 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 item is required to be reported and the IRS determines that it has not been reported.
Account or escrow number (see instructions)		4 Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) . . . . . ▶ <input type="checkbox"/>		
		6 Buyer's part of real estate tax \$		

Form **1099-S** (keep for your records)    [www.irs.gov/form1099s](http://www.irs.gov/form1099s)    Department of the Treasury - Internal Revenue Service

2: Gross proceeds from the sale of the property. If the taxpayer has a gain on the sale of their main home of less than \$250,000 (\$500,000 for married owners) and they owned and lived in the home for at least 2 years, they can elect to exclude the gain. This will be the case for most Ladder Up clients.

## HSA Forms for Returns

### Form 5498-SA (HSA)

This form reports information related to a Health Savings Account (HSA).

This form must be entered by a tax preparer with **HSA Certification**.

2727		<input type="checkbox"/> VOID	<input type="checkbox"/> CORRECTED	
TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016 \$ _____	OMB No. 1545-1518  <b>2016</b>  Form <b>5498-SA</b>	
TRUSTEE'S federal identification number		PARTICIPANT'S social security number	2 Total contributions made in 2016 \$ _____	
PARTICIPANT'S name		3 Total HSA or Archer MSA contributions made in 2017 for 2016 \$ _____	<b>Copy A</b> For <b>Internal Revenue Service Center</b> File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2016 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		4 Rollover contributions \$ _____		5 Fair market value of HSA, Archer MSA, or MA MSA \$ _____
City or town, state or province, country, and ZIP or foreign postal code		6 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions)				

Form **5498-SA** Cat. No. 38467V [www.irs.gov/form5498sa](http://www.irs.gov/form5498sa) Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

2: Contributions that were made in the tax year

3: Contributions made in the current year for the tax year

6: Type of Account

**WATCH OUT!** Ladder Up can only prepare returns for taxpayers with Health Savings Accounts (HSA) - everything else is out of scope.

## Form 1099-SA (HSA)

This form reports information related to a Health Savings Account (HSA).

This form must be entered by a tax preparer with **HSA Certification**.

Form 1099-SA reports the amounts disbursed from an HSA.



***WATCH OUT!*** This form is NOT the same as a SSA-1099 which is the Social Security Benefits Statement

1: Gross Distributions that were made in the tax year

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>JACKSON BANK &amp; TRUST 14907 S.W. GRAND ST INDIANAPOLIS, IN 46205</b>		OMB No. 1545-1517 <b>2015</b> Form <b>1099-SA</b>	<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
PAYER'S federal identification number <b>54-2XXXXXX</b>	RECIPIENT'S identification number <b>521-XX-XXXX</b>	1 Gross distribution <b>\$ 1,900.00</b>	2 Earnings on excess cont. \$
RECIPIENT'S name <b>DIANA G CALHOUN</b>		3 Distribution code <b>1</b>	4 FMV on date of death \$
Street address (including apt. no.) <b>1679 ROBERTS ST</b>		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	Copy B For Recipient  This information is being furnished to the Internal Revenue Service.
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE, ZIP</b>		Account number (see instructions)	

Form **1099-SA** (keep for your records) [www.irs.gov/form1099sa](http://www.irs.gov/form1099sa) Department of the Treasury - Internal Revenue Service

6: Type of Account



***WATCH OUT!*** Ladder Up can only prepare returns for taxpayers with Health Savings Accounts (HSA) - everything else is out of scope.

## The Affordable Care Act (ACA) and Minimum Essential Coverage (MEC)

Determine if the taxpayer had health insurance and whether it was through an employer, Medicare, Medicaid, private insurer, or the Marketplace.

- Taxpayers who obtained coverage through an employer, Medicare, Medicaid, or private insurer may have Forms 1095-B or 1095-C (see Intake Checklist).
- Taxpayers who obtained coverage through the ACA Marketplace and received an Advanced Premium Tax Credit must file the Form 1095-A that they received.
- If a client is unsure of whether or not they had insurance, or where it came from, there are a few questions you can ask to find out.
  1. What would you do if you got sick and had to go to the doctor? – If he tells you they would show a card, you're on to something!
  2. If you determine they had health insurance, but don't know where it was obtained, ask the taxpayer if they paid any money personally for it.
    - Money taken out of a paycheck is most likely employee sponsored healthcare, in which case we don't need to enter any form and can take his word that they were covered.
    - Money paid out of pocket is likely Marketplace insurance. In this case we need to obtain a 1095-A. These can often be found online, but the client may need to call and request one and return when he has found it. We must have this document to complete an accurate return. The IRS will not finalize a return missing a 1095-A.
    - If the client is covered, but does not pay anything, he is likely covered by Medicaid, or County Care, in which case no form needs to be entered.
- Taxpayers without coverage may have an Exemption Certificate Number (ECN) from HealthCare.gov, qualify for another exemption, or be required to make an Individual Shared Responsibility Payment (ISRP).

## Common Healthcare Forms

### Form 1095-A (Adv)

This form is issued to someone who received health insurance through the Marketplace and it must be included on a return. Historically, a number of clients are usually missing this document, but may be able to retrieve it online.

Part I: Client's information such as name, address, policy, etc.

Part II: Names and information for all individuals who were covered

Part III: The amounts that the client paid monthly for premiums. Including subsidy payments from the government that lowered the cost of premiums in order to make coverage affordable

Form <b>1095-A</b> Health Insurance Marketplace Statement		<input type="checkbox"/> VOID	OMB No. 1545-2232	
Department of the Treasury Internal Revenue Service		<input type="checkbox"/> CORRECTED	2015	
Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .				
<b>Part I Recipient Information</b>				
1 Marketplace Identifier	2 Marketplace-assigned policy number	3 Policy issuer's name		
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)		
13 City or town	14 State or province	15 Country and ZIP or foreign postal code		
<b>Part II Covered Individuals</b>				
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				
<b>Part III Coverage Information</b>				
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January				
22 February				
23 March				
24 April				
25 May				
26 June				
27 July				
28 August				
29 September				
30 October				
31 November				
32 December				
33 Annual Totals				

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 807030 Form 1095-A (01/15)

# Form 1095-B (Basic)

This form reports healthcare coverage for individuals for all or part of the year.

This form is informational and can be used to complete the Healthcare worksheet in ProSeries.

Part IV: Shows which months of the year each listed individual was covered.

Form **1095-B**  
Department of the Treasury  
Internal Revenue Service

## Health Coverage

► Do not attach to your tax return. Keep for your records.  
► Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

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OMB No. 1545-2252  
**2016**

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**Part I Responsible Individual**

1 Name of responsible individual		2 Social security number (SSN or other TIN)	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► <input type="checkbox"/>		9 Reserved	

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**Part II Information about Certain Employer-Sponsored Coverage** (see instructions)

10 Employer name		11 Employer identification number (EIN)	
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

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**Part III Issuer or Other Coverage Provider** (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

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**Part IV Covered Individuals** (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Form 1095-C (Basic)

This form reports healthcare coverage for individuals for all or part of the year.

This form is informational and can be used to complete the Healthcare worksheet in ProSeries.

Part II: Shows which months of the year the employee listed in Part I was offered coverage. For a full list of codes please see the volunteer manual.

Part III: Shows which months of the year the employee listed in Part I was covered. If Part III is blank, employee did not accept coverage. You can use this to complete the Healthcare Worksheet in ProSeries.

**Form 1095-C**  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**  
Do not attach to your tax return. Keep for your records.  
Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

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OMB No. 1545-2251  
**2016**

Part I Employee						Applicable Large Employer Member (Employer)																		
1 Name of employee			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)															
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number															
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code														
Part II Employee Offer of Coverage											Plan Start Month (Enter 2-digit number):													
											All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)																								
15 Employee Required Contribution (see instructions)											\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H-1 Safe Harbor and Other Relief (enter code, if applicable)																								
Part III Covered Individuals																								
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																								
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage																				
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec									
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

15: Shows the cost to the employee of coverage. If the employee did not accept coverage and is therefore subject to the Individual Shared Responsibility Payment (ISRP), this information can be used to calculate if coverage was considered unaffordable for the employee, qualifying them for an exemption.

## Intake Checklist

Please make sure to talk with every person waiting to be served, as some people may not be eligible for our services and should not have to wait with the expectation of eventually being served.

Before sending a client home to retrieve missing forms or ID, please complete the entire screening process to **identify all missing forms** so the client only makes one trip home and to ensure the client is eligible for service in the first place.

### 1. Verify Identity

- Check the client's **photo ID**
- Check the client's **Social Security card/letter or ITIN card/letter**
- Check the box in the upper left of the TAP Client Data Sheet** to indicate that the client has the necessary photo ID and Social Security card(s).
- Verify spouse's and all dependents' Social Security/ITIN information**
  - The client must have with him Social Security or ITIN cards/letters for everyone who will appear on his return
    - **Photocopies and prior-year returns are not accepted** as substitutes
    - Photo ID is required for spouse and dependents over the age of 18

**NOTE:** For married filing jointly taxpayers, **both** spouses must be present at the site in order for us to verify ID and prepare their return. Please defer to your site leader on guidance with this if both people are not present.

Ask all ITIN clients if they have used their ITIN to file a return in any of the last three years (2013, 2014, or 2015).

### 2. Determine initial eligibility

*If a client answers "Yes" to any of the following questions, he is not eligible for our services at this time*

- Are you still waiting for any income or expense documents from last year?  
*¿Sigue esperando en cualquier ingreso o documentos de gasto del año pasado?*
- Was your total income from last year more than \$55,000 (or \$30,000 for an individual)?  
*¿Excedió sus ingresos del año pasado los \$55,000 (o \$30,000 para un individuo)?*
- Did you have income from rental property last year?  
*¿Recibió usted ingresos de alquiler de una propiedad el año pasado?*
- Did you live outside the state of Illinois for any part of last year?  
*¿Usted vivo fuera del estado de Illinois el año pasado?*
- Did you receive income from a state other than Illinois last year?  
*El año pasado, ¿tuvo usted ingresos de otro estado fuera de Illinois?*

### 3. Determine additional information

- Do you need a translator today?*  
*¿Necesita usted un traductor hoy?*
- If you are filing a joint return, is your spouse here today?  
*Si usted está presentando una declaración conjunta, ¿esta su esposo(a) aquí hoy?*

4. If the client does not qualify for return preparation at the site, offer the client a "Know Before You Go" handout on paid preparers or Free File handout found in the site binder.

5. If a client does qualify for return preparation, hand him/her the following forms. Explain that once he/she is done with the forms, he/she will need to sit with an Interview Specialist who will go through the screening process and give him/her a numbered card.

- Form 13614-C (English is Yellow and Spanish is White), (One needed for each tax year)
- TAP Client Consent Form
- TAP Client Data Sheet (Also multiple-year data sheet if needed)

## Interview Checklist

**Note:** Before sending a client home to retrieve missing forms or ID, please complete the entire screening process to **identify all missing forms** so the client makes only one trip home and to ensure the client is eligible for service in the first place.

### 1. Form 13614-C.

*\*Note: If a taxpayer is completing returns for multiple years, he must complete the specific Form 13614-C published for those years.*

- Part I & II, Personal Information**
  - Email, phone, and other contact information
  - Filing status and dependents (if any)
- Part III, Income Documents**
  - Review all income documents marked “yes”.
  - If a client marks “unsure”, be sure to help the client decide and mark “yes” or “no”.
- Part IV & V, Expense Documents & Life Events**
  - Verify that the client has all of the necessary expense documents
- Part VI, Health Care Coverage, Questions 1, 2, 3 & 4**
- Part VII, Additional Information**



If a client has an ITIN the following middle digits (e.g. 9XX-70-XXX), their ITIN is expired:

70, 71, 72 73, 74, 75, 76, 77, 78, 79, 80, 81, 82

Please ask the taxpayer if they have renewed their ITIN and they have received notice that their renewal application has been accepted. Taxpayers are advised not to file until their renewal application has been accepted as it can cause delays in tax returns and possible disallowance of key credits.

2. **Make sure that the client has completed the Supplemental Intake Sheet.**
3. **After reviewing the client’s forms, mark the Supplemental Sheet as Basic or Advanced** (top right-hand corner of the form). Note that on page 2 of Form 13614-C, (B) is for Basic and (A) is for Advanced. If any (A)s are marked, be sure to check the box marked Advanced on the TAP Client Data Sheet.
4. **Make sure that the client has signed the TAP Client Consent and Disclosure.**
5. **Once everything is complete, hand the client an index card number and write his name on the client tracking sheet along with the corresponding index card number.** Ask the client to be seated until his number is called.
6. **If Ladder Up cannot serve the client:**
  - a. Due to capacity or missing documentation: refer the client to the Intake Specialist for more information on appointment criteria, Ladder Up locations, and additional VITA sites.
  - b. Due to the return being out of scope: refer the client to the “Know Before You Go” handout on paid preparers
  - c. Make a note on the client demand tracking sheet.

\*Clients with HSA should or with out-of-state income from Wisconsin and Indiana should be sent to Harold Washington Library in March.

\*Clients with out-of-state income from Indiana should be sent to Olive Harvey College in March.

## Power of Attorney Procedures

Due to updates to Quality Site Requirement put forth by the IRS we must now have valid Power of Attorney before preparing a return for a couple who is filing a joint return where both spouses are not present. Reasons for a spouse not being present include:

- Disease or injury
- Continuous absence from the United States (include absence from Puerto Rico) for a period of at least 60 days prior to the date required by law for filing the return

1. Please provide the client with a pre-filled Form 2848, which is saved in the Resources folder on the desktop of each laptop – please note that highlighted fields won't show up very well after the form is printed so **please re-highlight those fields once it has been printed. The client can then take this home to have their spouse sign.**
2. Once we have a Form 2848 signed by the taxpayer and the representative we can prepare the return and either paper file or e-file it.
  - Paper file – The original Form 2848 goes with the filed tax return to the same address to which we send paper-file returns based on whether payment is or is not enclosed. Ladder Up maintains a copy of the Form 2848 in the client's data packet. **Write "Power of Attorney" at the top of the data packet** so it can be identified as such when it comes back to our office for processing and filing.
  - E-file – Ladder Up can scan the original of Form 2848 to a PDF to send along with Form 8453 (U.S. Individual Income Tax Transmittal for an IRS e-file Return). Once the return comes back to the Ladder Up office, the process of uploading the scanned PDF and creating a Form 8453 in ProSeries would be completed by the e-file team. Ladder Up maintains a paper copy in the client's data packet. **Write "Power of Attorney" at the top of the data packet** so it can be identified as such when it comes back to our office for processing and filing.

OR

Ladder Up can mail Form 2848 along with a printed Form 8453 from the client's ProSeries file to the address below once the e-filed return has been accepted.

Internal Revenue Service  
Attn: Shipping and Receiving  
0254 Receipt and Control Branch  
Austin, TX 73344-0254