

Intake Specialist
Training Guide

LADDER UP

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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

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

ProSeries Client Data Sheet

☐ **Basic Return**

☐ **Advanced Return**

Site: _____ Date: ____/____/____

Tax Years: _____

☐ Client's Photo ID Verified

☐ Interpreter Needed

☐ Returning (Transfer) Client

☐ Client has/had HSA

Intake Specialist Name: _____
(First name, Last initial)

FOR TAX PREPARER ONLY

ProSeries File Name: _____ Computer #: _____

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.**

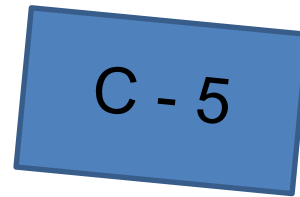
Step 6: Tax Preparers or the Site Leader will call clients up to be prepared in order of the white numbered cards. When a client goes to a Tax Preparer (with the appropriate corresponding certification level), the Tax Preparer also collects the client's WHITE index card, and retires the number upside-down 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 5th in line for tax preparation



Blue with “C” for Quality Review

- “C-5” would be 5th 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	Issued to individuals who are lawfully admitted the U.S. on a temporary basis who have DHS authorization to work
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.

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 13614-C (October 2018)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">Intake/Interview & Quality Review Sheet</h2>	OMB Number 1545-1964
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You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• 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.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at vi.voltax@irs.gov

Part I – Your Personal Information (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	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address			Apt #	City
			State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you:		
		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:		
		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2018, what was your marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law) a. If Yes, Did you get married in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Did you live with your spouse during any part of the last six months of 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of final decree _____ Date of separate maintenance agreement _____ Year of spouse's death _____
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2. List the names below of:

- everyone** who lived with you last year (other than your spouse)
- anyone** you supported but did not live with you last year

Additional space is needed check here ☐ and list on page 3

To be completed by a Certified Volunteer Preparer													
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 person have less than \$4,150 of income? (yes/no)	Did the 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)		(i)					

Catalog Number 52121E
www.irs.gov
Form **13614-C** (Rev. 10-20-10)

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (A) Deductions: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was declared a Federal disaster area? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Receive a letter from the IRS?

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2016)

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? (Provide Form 1095-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	J F M A M J J A S O N D	<input type="checkbox"/>	
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	J F M A M J J A S O N D	<input type="checkbox"/>	
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	J F M A M J J A S O N D	<input type="checkbox"/>	
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	J F M A M J J A S O N D	<input type="checkbox"/>	
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	J F M A M J J A S O N D	J F M A M J J A S O N D	<input type="checkbox"/>	

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 change)
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:7:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2016)

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 (only credit card debt is in scope for Ladder Up)
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 12th 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 minimus 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 123-45-6789		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 11-2233445		1 Wages, tips, other compensation 48,500.00	2 Federal income tax withheld 6,835.00		
c Employer's name, address, and ZIP code The Big Company 123 Main Street Anywhere, PA 12345		3 Social security wages 50,000.00	4 Social security tax withheld 3,100.00		
d Control number A1B2		5 Medicare wages and tips 50,000.00	6 Medicare tax withheld 725.00		
e Employee's first name and initial Last name Suff. Jane A DOE 123 Elm Street Anywhere Else, PA 23456		7 Social security tips	8 Allocated tips		
f Employee's address and ZIP code		9	10 Dependent care benefits		
15 State Employer's state ID number PA 1235		11 Nonqualified plans		12a See instructions for box 12 D 1,500.00	
16 State wages, tips, etc. 50,000		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1,000.00	
17 State income tax 1,535		14 Other		12c P 4,800.00	
18 Local wages, tips, etc. 50,000				12d	
19 Local income tax 750				20 Locality name MU	

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

3232 ☐ VOID ☐ CORRECTED

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

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Gross winnings \$	2 Date won
		3 Type of wager	4 Federal income tax withheld \$
		5 Transaction	6 Race
		7 Winnings from identical wagers \$	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality

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.

Signature ► Date ►

Form **W-2G** Cat. No. 10138V 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

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.

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 2016	
1 Interest income		\$		Form 1099-INT	
2 Early withdrawal penalty		\$		Copy 1 For State Tax Department <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Always note the year on each form </div>	
3 Interest on U.S. Savings Bonds and Treas. obligations		\$			
4 Federal income tax withheld		\$			
5 Investment expenses		\$		Copy 1 For State Tax Department <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Always note the year on each form </div>	
6 Foreign tax paid		\$			
7 Foreign country or U.S. possession		\$			
8 Tax-exempt interest		\$		Copy 1 For State Tax Department <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Always note the year on each form </div>	
9 Specified private activity bond interest		\$			
10 Market discount		\$			
11 Bond premium		\$		Copy 1 For State Tax Department <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Always note the year on each form </div>	
12 Bond premium on Treasury obligations		\$			
13 Bond premium on tax-exempt bond		\$			
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 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

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.

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

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0110 2015 Form 1099-DIV	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends \$	1b Qualified dividends \$
PAYER'S federal identification number	RECIPIENT'S identification number	2a Total capital gain distr. \$	2b Unrecap. Sec. 1250 gain \$
RECIPIENT'S name		2c Section 1202 gain \$	2d Collectibles (28%) gain \$
Street address (including apt. no.)		3 Nondividend distributions \$	4 Federal income tax withheld \$
City or town, state or province, country, and ZIP or foreign postal code		5 Investment expenses \$	6 Foreign tax paid \$
Account number (see instructions)		7 Foreign country or U.S. possession \$	8 Cash liquidation distributions \$
FATCA filing requirement <input type="checkbox"/>		9 Noncash liquidation distributions \$	10 Exempt-interest dividends \$
Account number (see instructions)		11 Specified private activity bond interest dividends \$	12 State \$
Account number (see instructions)		13 State identification no. \$	14 State tax withheld \$

Dividends and Distributions

Copy 1
For State Tax Department



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 2016 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)	
		Total distribution <input type="checkbox"/>		
4 Federal income tax withheld 000.00	5 Employee contributions or insurance premiums 000.00	7 Distribution code X	COPY C For Recipient's Records	
9a Your percentage of total distribution	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 2015 Form 1099-G		Certain Government Payments
		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 \$	Copy 1 For State Tax Department	
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.

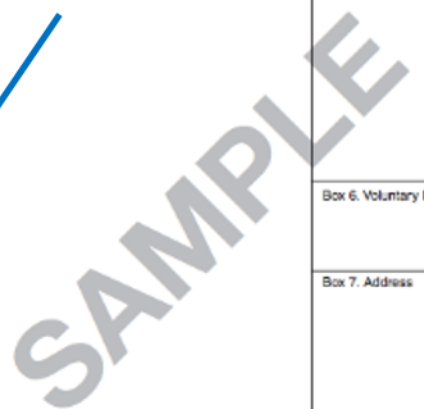
 **1:** Beneficiary name is reported here

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.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

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
		Box 6. Voluntary Federal Income Tax Withheld
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)

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

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

5: The amount of benefits they received for the year

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

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 UNITED STATES RAILROAD RETIREMENT BOARD 844 N RUSH ST CHICAGO IL 60611-2092		20XX		PAYMENTS BY THE RAILROAD RETIREMENT BOARD	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2014			
1. Claim Number and Payee Code		4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2014			
2. Recipient's Identification Number		5. Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2014			
Recipient's Name, Street Address, City, State, and Zip Code		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	

FORM RRB-1099

DO NOT ATTACH TO YOUR INCOME TAX RETURN

COPY C - FOR RECIPIENT'S RECORDS. THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

5: Net Social Security Equivalent Benefit

10: Federal withholdings

11: Any Medicare premiums deducted

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

7: Total Gross Paid

9: Federal withholdings

12: Any Medicare premiums deducted

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 344 N RUSH ST CHICAGO IL 60611-2092		20XX		ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600		3. Employee Contributions		COPY 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. THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
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

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 2016 Form 1098-E	Student Loan Interest Statement Copy B For Borrower 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
RECIPIENT'S federal identification no.	BORROWER'S social security number	1 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		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>	
Account number (see instructions)			

Form **1098-E** (keep for your records) 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 The Ohio State University 281 West Lane Ave 1st Floor Lobby Columbus, OH		1 Payments received for qualified tuition and related expenses \$	OMB No. 1545-1574 2018 Form 1098-T	Tuition Statement
FILER'S employer identification no. 316025986	STUDENT'S TIN *****1234	2	3 If this box is checked, your educational institution changed its reporting method for 2018 <input type="checkbox"/>	
STUDENT'S name Brutus Buckeye		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 7875.60	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.) 281 W Lane Ave		6 Adjustments to scholarships or grants for a prior year \$ 123456789	7 Checked if the amount in box 1 includes amounts for an academic period beginning January—March 2019 <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code Columbus, OH 43021 USA		8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)		10 Ins. contract reimb./refund \$		

Form **1098-T** (keep for your records) www.irs.gov/Form1098T 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.

2: The amount the school billed the student. Amounts reported here were not necessarily paid in the tax year.

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**.

☐ CORRECTED (if checked)

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.	OMB No. 1545-0901 2016 (Rev. July 2016) Form 1098	Mortgage Interest Statement
RECIPIENT'S/LENDER'S federal identification number		PAYER'S/BORROWER'S taxpayer identification no.	1 Mortgage interest received from payer(s)/borrower(s)* \$	Copy B For Payer/ Borrower 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.
PAYER'S/BORROWER'S name		2 Outstanding mortgage principal as of 1/1/2016 \$	3 Mortgage origination date	
Street address (including apt. no.)		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$	
City or town, state or province, country, and ZIP or foreign postal code		6 Points paid on purchase of principal residence \$	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	
10 Other		8 Address of property securing mortgage		
Account number (see instructions)		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 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						
\$379.95		Property Index Number (PIN)	Volume	Cade	Tax Year	(Payable to)	Township	Classification
By 05/01/14 (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			
MISCELLANEOUS TAXES								
Metro Water Reclamation District	18.85	0.417	0.92%	1.85	24.58			
Parks-Museum-Aquarium Bond	0.81	0.018	0.04%		1.13			
Chicago Park District	18.17	0.402	0.89%	0.72	25.12			
Miscellaneous Taxes Total	37.83	0.837	1.85%		50.83			
SCHOOL TAXES								
Board of Education	165.97	3.671	8.10%		227.37			
Chicago Community College Dist 508	9.00	0.199	0.44%		12.62			
School Taxes Total	174.97	3.870	8.54%		239.99			
MUNICIPALITY/TOWNSHIP TAXES								
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			
Municipality/Township Taxes Total	1,807.05	1.496	88.23%		2,703.08			
COOK COUNTY TAXES								
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			
Cook County Taxes Total	28.45	0.629	1.38%		39.47			
(Do not pay these totals)		2,048.30	6.832	100.00%	3,033.37			
***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	2,048.30	Thank you for your first installment payment of: \$1,668.35 on 03-16-14				
2013 Property Value	112,620	Homeowner's Exemption	-.00					
2013 Assessment Level	X 101	Senior Citizen Exemption	-.00					
2013 Assessed Value	11,262	Senior Assessment Freeze Exemption	-.00					
2013 State Equalization Factor	X 2.6621	2013 Total Tax After Exemptions	2,048.30					
2013 Equalized Assessed Value (EAV)	29,981	First Installment	1,668.35					
2013 Local Tax Rate	X .8322	Second Installment +	379.95					
2013 Total Tax Before Exemptions	2,048.30	Total 2013 Tax (Payable in 2014)	2,048.30					
				PROPERTY LOCATION				
				999 ELW STREET CHICAGO IL 60600				
				MAILING ADDRESS				
				PAT JONES 999 ELW STREET CHICAGO IL 60600				
TOTAL PAYMENT DUE				IMPORTANT PAYMENT MESSAGES				
\$379.95				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 05/01/14 (on time)				SN 0020120200 RTN 500001075 AN (see PIN) TC 000922				
If paying later, refer to amounts above.				Include name, PIN, address, location, phone and e-mail on check payable to Cook County Treasurer.				
<input type="checkbox"/> Name/Mailing Address change! 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 2016 Form 1099-B		Proceeds From Broker and Barter Exchange Transactions	
		1a Description of property (Example 100 sh. XYZ Co.)					
		1b Date acquired		1c Date sold or disposed			
PAYER'S federal identification number	RECIPIENT'S identification number	1d Proceeds \$		1e Cost or other basis \$			
		1f Accrued market discount \$		1g Wash sale loss disallowed \$			
RECIPIENT'S name		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"/>			
Street address (including apt. no.)		4 Federal income tax withheld \$		5 If checked, noncovered security <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code		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"/>			
Account number (see instructions)		8 Profit or (loss) realized in 2016 on closed contracts \$		9 Unrealized profit or (loss) on open contracts—12/31/2015 \$			
CUSIP number		10 Unrealized profit or (loss) on open contracts—12/31/2016 \$		11 Aggregate profit or (loss) on contracts \$			
14 State name	15 State identification no.	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

Copy 1 For State Tax Department

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.

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

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



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**.

<input type="checkbox"/> VOID <input type="checkbox"/> 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 2016 Form 1099-K	Payment Card and Third Party Network Transactions	
	PAYEE'S taxpayer identification no.			
1a Gross amount of payment card/third party network transactions \$	2 Merchant category code	Copy 1 For State Tax Department		
1b Card Not Present transactions \$	3 Number of payment transactions			
4 Federal income tax withheld \$				
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"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>	PAYEE'S name	5a January \$	5b February \$
			5c March	5d April



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 2016 Form 1099-C	Cancellation of Debt
		2 Amount of debt discharged \$		
		3 Interest if included in box 2 \$		
CREDITOR'S federal identification number	DEBTOR'S identification number	4 Debt description		
DEBTOR'S name		5 If checked, the debtor was personally liable for repayment of the debt <input type="checkbox"/>		
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code		6 Identifiable event code		
Account number (see instructions)		7 Fair market value of property \$		

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

Copy B For Debtor

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.



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 2017 Form 1099-S	Proceeds From Real Estate Transactions
		2 Gross proceeds \$		
FILER'S federal identification number	TRANSFEROR'S identification number	3 Address or legal description		
TRANSFEROR'S name				
Street address (including apt. no.)		4 Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) ▶ <input type="checkbox"/>		
Account or escrow number (see instructions)		6 Buyer's part of real estate tax \$		

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

**Copy B
For Transferor**
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.

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

Form **5498-SA** Cat. No. 38467V 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

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

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

1: Gross Distributions that were made in 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.

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 1095-A Health Insurance Marketplace Statement ☐ VOID ☐ CORRECTED **2015**
OMB No. 1545-0232
Department of the Treasury Internal Revenue Service
Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

Part I Recipient Information

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

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January			
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. 80703Q Form 1095-A (015)

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.

☐ VOID
☐ CORRECTED

OMB No. 1545-2252
2016

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): . . . ☐
9 Reserved

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

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

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"/>
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"/>

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

☐ VOID
☐ CORRECTED

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- 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"/>	<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"/>	<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