



## Ladder Up Tax Preparer Certification Scenarios and Test Questions

### Directions

The first five scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

### Test Scenario 1: Tamara Dennison

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#### Interview Notes

- Tamara is 52 years old and her divorce became final on September 20, 2014 and has not been modified. The divorce decree stipulates she is required to pay alimony of \$500 a month to her ex-husband. She paid him a total of \$6,000 in 2019.
- Tamara pays all the cost of keeping up her home in the United States. She earned \$40,500 in wages in 2019, her only income.
- Tamara's daughter, Kimberly, lived with Tamara all year. Kimberly is 18 years old, single, and earned \$8,000 in wages.
- Kimberly's son, Christian, was born on December 2, 2019. Christian lived in Tamara's home all year.
- Tamara provides more than half of the support for both Kimberly and Christian.
- Tamara, Kimberly, and Christian are all U.S. citizens with valid Social Security numbers.

### Test Scenario 1: Test Questions

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1. Tamara and her ex-husband's divorce was final **before** December 31, 2018. How does this affect their 2019 tax returns?
  - a. Tamara is not eligible to deduct alimony paid as an adjustment to income. Her ex-husband is not required to report alimony received as income.
  - b. Tamara is not eligible to deduct alimony paid as an adjustment to income. Her ex-husband is required to report alimony received as income.
  - c. Tamara is allowed to deduct alimony paid as an adjustment to income. Her ex-husband is not required to report alimony received as income.
  - d. Tamara is allowed to deduct the alimony paid as an adjustment to income. Her ex-husband is required to include the alimony received as income.

2. What is the most beneficial filing status allowable for Tamara?
  - a. Married Filing Separately
  - b. Married Filing Jointly
  - c. Head of Household
  - d. Single
  
3. Who can Tamara claim as a qualifying child(ren) for the earned income credit?
  - a. Tamara has no qualifying children.
  - b. Tamara can claim Christian, but not Kimberly.
  - c. Tamara can claim Kimberly, but not Christian.
  - d. Tamara can claim both Kimberly and Christian.

## Test Scenario 2: Charlie and Samantha Collins

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### Interview Notes

- Charlie and Samantha are resident aliens, married, and want to file a joint return.
- They have three children. Harry is 8 years old and a resident alien. Sherry is 3 years old and Maria is 1 year old and both are U.S. citizens. All three children lived with their parents in the United States all year.
- Charlie, Samantha, and Harry have Individual Taxpayer Identification Numbers (ITINs). Sherry and Maria have Social Security numbers.
- Charlie earned \$38,000 in wages and Samantha earned \$11,000 in wages. They had no other income.
- Charlie and Samantha provided all the support for their three children.
- Maria and Sherry attended daycare while Charlie and Samantha were at work.
- Charlie and Samantha did not receive benefits from a dependent care benefits plan or flexible spending account.
- The daycare center provided the Collins with a statement indicating the amount of \$5,150 paid during 2019. The statement included the provider's name, address, Employer Identification Number, and phone number.

### Test Scenario 2: Test Questions

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4. Who can Charlie and Samantha claim as a qualifying dependent(s) for the credit for other dependents?
  - a. Harry
  - b. Sherry and Maria
  - c. Harry, Sherry, and Maria
  - d. Since Charlie and Samantha have ITINs, they cannot claim the credit for other dependents.
5. Which credit(s) are Charlie and Samantha eligible to claim?
  - a. Credit for other dependents and earned income credit.
  - b. Child tax credit and earned income credit.
  - c. Child tax credit, child and dependent care credit, and credit for other dependents.
  - d. They don't qualify for any credits.

## Test Scenario 3: Gail Baker

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### Interview Notes

- Gail is single and earned \$28,000 as a cashier, her only income.
- Gail's son Tony is 17 years old and a full-time student in high school.
- Tony received Social Security survivor benefits of \$5,000 in 2019. None of those benefits were taxable. He earned \$10,000 during the summer working as a website developer. Tony had no withholding in box 2 of his Form W-2.
- He used his Social Security survivor benefits and wages to provide over half of his own support.
- Gail and Tony lived together all of 2019 and are U.S. citizens with valid Social Security numbers.

## Test Scenario 3: Test Questions

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6. Which of the following statements is true?
  - a. Tony is not required to file a tax return because his gross income is below the filing requirement.
  - b. Tony is required to file because his total income is over \$12,200.
  - c. Tony is required to file because Gail can claim him as a dependent and his income is over \$4,200.
  - d. Tony is not required to file because his Social Security benefits are reported on Gail's return.
7. Gail can claim Tony on her tax return as a qualifying child for the earned income credit.
  - a. True
  - b. False

## Test Scenario 4: Sandra Clark

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### Interview Notes

- Sandra Clark is 45 years old.
- Sandra works as a clerk and earned \$27,500 in 2019.
- Sandra's daughter, Debbie, is 26 years old and she is not disabled.
- Debbie lived with Sandra as a member of her household for all of 2019.
- Debbie works as a receptionist and earned \$18,250 in 2019.
- Sandra purchased health insurance coverage for herself and Debbie on the same policy from the Marketplace for all of 2019.
- Sandra received Form 1095-A from the Marketplace showing that she and Debbie are both covered individuals for all of 2019.

## Test Scenario 4: Test Questions

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8. Can Sandra claim Debbie as a qualifying relative on her 2019 return?
  - a. Yes, because Debbie lived with Sandra as a member of her household for all of 2019.
  - b. No, because Debbie had gross income of more than \$4,200 during the tax year.
9. Which of the following statements is true regarding the Form 1095-A?
  - a. Both Sandra and Debbie can claim the entire amount of the premium tax credit since both of their names are shown on Form 1095-A as covered individuals.
  - b. Sandra should reconcile the entire premium tax credit information from her Form 1095-A on her tax return.
  - c. Debbie should reconcile the entire premium tax credit information from Sandra's Form 1095-A on her tax return.
  - d. Sandra and Debbie have a shared policy. Information on the Form 1095-A must be allocated between their two tax returns. Both of their returns are out of scope.

## Test Scenario 5: Archie Hamilton

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### Interview Notes

- Archie Hamilton is 45 years old and single.
- Archie had wage income of \$55,000. He also had gambling winnings of \$1,000.
- He is not sure if he should itemize or take the standard deduction.
- Archie paid the following:
  - \$5,200 qualifying home mortgage interest.
  - \$9,507 for real estate taxes.
  - \$5,040 for state income taxes withheld in 2019.
  - Unreimbursed doctor and dentist bills in the amount of \$7,000.
  - Unreimbursed prescription drugs for \$14.
  - Vitamins for \$120.
  - A statement received from his church showing donations made throughout the year totaling \$1,200.
  - Receipts for donations of furniture and clothing in good, used condition to Goodwill. The total estimated fair market value is \$100.
  - Tax preparation fee of \$315 for his 2018 tax return.
  - \$50 paid in 2019 on his 2018 balance due state income tax return.
  - \$45 investment expense
  - \$250 in gambling losses

## Test Scenario 5: Test Questions

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10. Archie can claim total deductible medical expenses that exceed 7.5% of his adjusted gross income.
- a. True
  - b. False
11. What is the total amount of state income and real estate taxes deductible on Archie's Form 1040, Schedule A?
- a. \$14,597
  - b. \$14,547
  - c. \$10,000
  - d. \$9,507
12. Which of the following is Archie able to claim as a deduction on his Form 1040, Schedule A?
- a. Investment expense
  - b. Tax preparation fee
  - c. Gambling losses
  - d. None of the above

## Test Scenario 6: Jennifer Morrison

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### Directions

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

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

### Interview Notes

- Jennifer was divorced from her husband in 2014 and has not remarried.
- Jennifer provided the entire cost of maintaining the household and over half of the support for her children, Carla and Ollie, in 2019.
- Jennifer claimed earned income credit (EIC) for Ollie and Carla in 2016, but they lived with their father for 8 months that year. Jennifer received a letter from Internal Revenue Service disallowing EIC for tax years 2017 and 2018.
- Jennifer is a full-time kindergarten teacher and spent \$350 to buy books and supplies for her class.
- Ollie attended daycare while Jennifer worked.
- In August 2019, Jennifer's daughter, Carla, enrolled in college to pursue a bachelor's degree. She had no previous post-secondary education. Yuma College is a qualified educational institution.
- Carla does not have a felony drug conviction.
- Jennifer brought a Form 1098-T and an account statement from the college. Carla's purchases at the college bookstore were for course-related books.
- The terms of Carla's scholarship require that it be used to pay for tuition.
- Jennifer received a Form 1099-C for canceled credit card debt. Using the insolvency determination worksheet in Publication 4012, Jennifer determined the value of her assets exceeded her liabilities and that she was solvent at the time the credit card debt was canceled.
- Jennifer purchased her own health insurance through the Marketplace. She received Form 1095-A. Carla and Ollie were on their father's health insurance plan through his employer all year.





Form <b>13614-C</b> (October 2019)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.  
 To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.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 <b>JENNIFER</b>	M.I.	Last name <b>MORRISON</b>	Daytime telephone number <b>YOUR PHONE #</b>	Are you a U.S. citizen? <input checked="" 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 <b>450 SARASOTA TERRACE</b>			Apt #	City <b>YOUR CITY</b>
4. Your Date of Birth <b>04/15/1975</b>	5. Your job title <b>TEACHER</b>		6. Last year, were you:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <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 checked="" 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 checked="" type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2019, what was your marital status?

☐ Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)  
☐ Married a. If Yes, Did you get married in 2019? ☐ Yes ☐ No  
☒ Divorced b. Did you live with your spouse during any part of the last six months of 2019? ☐ Yes ☐ No  
     Date of final decree **7/23/2014**  
☐ Legally Separated Date of separate maintenance decree \_\_\_\_\_  
☐ Widowed Year of spouse's death \_\_\_\_\_

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

If 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 12/31/19 (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 \$4,200 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)
<b>CARLA DAVIS</b>	<b>07/15/00</b>	<b>DAUGHTER</b>	<b>12</b>	<b>YES</b>	<b>YES</b>	<b>S</b>	<b>YES</b>	<b>NO</b>					
<b>OLLIE MORRISON</b>	<b>03/12/10</b>	<b>SON</b>	<b>12</b>	<b>YES</b>	<b>YES</b>	<b>S</b>	<b>YES</b>	<b>NO</b>					

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2019)

## Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" 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? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input checked="" 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 <u>FORM 1099-C</u>
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input checked="" 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? <u>2016</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

**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
5. Live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? \_\_\_\_\_
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☒ Yes ☐ No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.**

7. 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
8. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☒ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
11. Your race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
12. Your spouse's race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Additional comments

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**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224



<b>a Employee's social security number</b> <b>601-00-XXXX</b>		OMB No. 1545-0008 Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b Employer identification number (EIN)</b> <b>34-600XXXX</b>		<b>1 Wages, tips, other compensation</b> <b>41,000.00</b>		<b>2 Federal income tax withheld</b> <b>2,200.00</b>			
<b>c Employer's name, address, and ZIP code</b>  <b>GILMER ELEMENTARY SCHOOL</b> <b>2250 DELTA AVENUE</b> <b>YOUR CITY, STATE ZIP</b>		<b>3 Social security wages</b> <b>43,000.00</b>		<b>4 Social security tax withheld</b> <b>2,666.00</b>			
		<b>5 Medicare wages and tips</b> <b>43,000.00</b>		<b>6 Medicare tax withheld</b> <b>624.00</b>			
		<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
		<b>9</b>		<b>10 Dependent care benefits</b>			
<b>d Control number</b>		<b>e Employee's first name and initial</b> <b>Last name</b> <b>Suff.</b>  <b>JENNIFER MORRISON</b> <b>450 SARASOTA TERRACE</b> <b>YOUR CITY, STATE ZIP</b>		<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> <b>E      2,000.00</b>	
				<b>13 Statutory employee</b> <b>Retirement plan</b> <b>Third-party sick pay</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
				<b>14 Other</b>		<b>12c</b>	
						<b>12d</b>	
<b>f Employee's address and ZIP code</b>		<b>15 State</b> <b>Employer's state ID number</b> <b>YS      34-600XXXX</b>		<b>16 State wages, tips, etc.</b> <b>41,000.00</b>		<b>17 State income tax</b> <b>1,800.00</b>	
				<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>	
				<b>20 Locality name</b>			

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

**2019**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)		<b>1 Date of identifiable event</b> <b>06/15/19</b>		OMB No. 1545-1424  <b>2019</b>		<b>Cancellation of Debt</b>	
<b>CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.</b>  <b>PRAIRIE BANK</b> <b>1727 OSAGE WAY</b> <b>YOUR CITY, STATE ZIP</b>		<b>2 Amount of debt discharged</b> <b>\$ 1,100.00</b>		Form <b>1099-C</b>			
		<b>3 Interest if included in box 2</b> <b>\$</b>					
<b>CREDITOR'S TIN</b> <b>30-600XXXX</b>		<b>DEBTOR'S TIN</b> <b>601-00-XXXX</b>		<b>4 Debt description</b> <b>CREDIT CARD</b>		<b>Copy B For Debtor</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.	
<b>DEBTOR'S name</b>  <b>JENNIFER MORRISON</b>  Street address (including apt. no.) <b>450 SARASOTA TERRACE</b> City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b>		<b>5 If checked, the debtor was personally liable for repayment of the debt</b> <input checked="" type="checkbox"/>					
Account number (see instructions)		<b>6 Identifiable event code</b> <b>G</b>		<b>7 Fair market value of property</b> <b>\$</b>			

Form **1099-C** (keep for your records)

[www.irs.gov/Form1099C](http://www.irs.gov/Form1099C)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Payments received for qualified tuition and related expenses \$ <b>7,200.00</b>	OMB No. 1545-1574 <b>2019</b> Form <b>1098-T</b>	<b>Tuition Statement</b>  <b>Copy B</b> <b>For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
YUMA COLLEGE 10 COLLEGE AVE YOUR CITY, STATE ZIP		2		
FILER'S employer identification no. <b>37-700XXXX</b>	STUDENT'S TIN <b>602-00-XXXX</b>	3		
STUDENT'S name <b>CARLA DAVIS</b>		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ <b>4,200.00</b>	
Street address (including apt. no.) <b>450 SARASOTA TERRACE</b>		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January—March 2020 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b>				
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	
Form <b>1098-T</b>		(keep for your records)	www.irs.gov/Form1098T	Department of the Treasury - Internal Revenue Service

Form **1095-A**Department of the Treasury  
Internal Revenue Service**Health Insurance Marketplace Statement**☐ VOID

OMB No. 1545-2232

☐ CORRECTED**2019**

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095A](http://www.irs.gov/Form1095A) for instructions and the latest information.

**Part I Recipient Information**

<b>1</b> Marketplace identifier <b>12-3456789</b>	<b>2</b> Marketplace-assigned policy number <b>987654</b>	<b>3</b> Policy issuer's name <b>INSURER</b>		
<b>4</b> Recipient's name <b>JENNIFER MORRISON</b>		<b>5</b> Recipient's SSN <b>601-XX-XXXX</b>	<b>6</b> Recipient's date of birth <b>04/15/1975</b>	
<b>7</b> Recipient's spouse's name		<b>8</b> Recipient's spouse's SSN	<b>9</b> Recipient's spouse's date of birth	
<b>10</b> Policy start date <b>01/01/2019</b>	<b>11</b> Policy termination date <b>12/31/2019</b>	<b>12</b> Street address (including apartment no.) <b>450 SARASOTA TERRACE</b>		
<b>13</b> City or town <b>YOUR CITY</b>	<b>14</b> State or province <b>YOUR STATE</b>	<b>15</b> Country and ZIP or foreign postal code <b>YOUR ZIP</b>		

**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
<b>16 JENNIFER MORRISON</b>	<b>601-XX-XXXX</b>	<b>04/15/1975</b>	<b>01/01/2019</b>	<b>12/31/2019</b>
<b>17</b>				
<b>18</b>				
<b>19</b>				
<b>20</b>				

**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
<b>21 January</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>22 February</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>23 March</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>24 April</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>25 May</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>26 June</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>27 July</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>28 August</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>29 September</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>30 October</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>31 November</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>32 December</b>	<b>\$452.58</b>	<b>\$375.00</b>	<b>\$125.00</b>
<b>33 Annual Totals</b>	<b>\$5,430.96</b>	<b>\$4,500.00</b>	<b>\$1,500.00</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form **1095-A** (2018)



# Yuma College

## Statement of Account

December 31, 2019

Carla Davis

Student ID 602-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2019	Tuition – Fall Semester 2019	+\$7,200.00	
08/30/2019	Scholarship		-\$4,200.00
09/03/2019	Meal plan	+\$ 320.00	
09/03/2019	Parking pass	+\$ 75.00	
09/04/2019	Campus Bookstore charge to student account	+\$ 650.00	
09/05/2019	Payment – check #1234		-\$4,045.00

12/31/2019 Account Balance.....\$0.00

## Busy Bee Day Care

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

December 31, 2019

Received from Jennifer Morrison:

\$2,500 for after-school care for Ollie Morrison

\$2,500 Total amount received for child care in 2019

Ellen River

EIN: 35-900XXXX

Jennifer Morrison  
450 Sarasota Terrace  
Your City, State 00000

1234

PAY TO THE  
ORDER OF

20

\$

DOLLARS

Adelphi Bank and Trust  
Anytown, State 00000

For

: 111000025 : 123456789 1234



## Test Scenario 6: Test Questions

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13. Jennifer wants to have her refund directly deposited into her checking account. What is her bank routing number?
- a. 123456789
  - b. 123456789 1234
  - c. 111000025
  - d. The bank routing number is not needed for direct deposit.
14. How do Jennifer's educator expenses affect her tax return?
- a. Jennifer can claim these expenses as a miscellaneous itemized deduction on her Schedule A.
  - b. These expenses do not affect her tax return.
  - c. \$250 is deducted as an adjustment to income on Form 1040, Schedule 1.
  - d. Jennifer is entitled to deduct the full \$350 as an adjustment to income on Form 1040, Schedule 1.
15. What is the amount of Jennifer's child and dependent care credit shown on Form 2441, Child and Dependent Care Expenses?
- a. \$0
  - b. \$525
  - c. \$650
  - d. \$2,500
16. The total amount of qualified education expenses used in the calculation of Jennifer's 2019 American opportunity credit is:
- a. \$3,000
  - b. \$3,650
  - c. \$3,970
  - d. \$4,000
17. How does the Form 1095-A, Health Insurance Marketplace Statement, affect Jennifer's tax return?
- a. Jennifer can claim an affordability exemption.
  - b. Jennifer must pay an individual shared responsibility payment.
  - c. It does not affect the tax return.
  - d. Jennifer must file Form 8962, Premium Tax Credit (PTC), to reconcile the advanced premium tax credit.

- 18.** Jennifer's income is too high to qualify for the credit on Form 8880, Credit for Qualified Retirement Savings Contributions.
- a. True
  - b. False
- 19.** Jennifer's canceled debt on Form 1099-C, Cancellation of Debt, does not need to be reported on her tax return.
- a. True
  - b. False
- 20.** In order to claim EIC for 2019, Jennifer must file Form 8862, Information To Claim Certain Credits After Disallowance, with her tax return.
- a. True
  - b. False

## Test Scenario 7: Mark and Barbara Matthews

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### Directions

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

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

### Interview Notes

- Mark and Barbara are married and want to file a joint return.
- Mark retired and began receiving retirement income on March 1, 2017. No distributions were received prior to his retirement. Mark selected a joint survivor annuity for these payments. The plan cost at annuity start date was \$14,500. Mark has already recovered \$1,029 of his cost in the plan.
- The Matthews received a \$125 state income tax refund from their 2018 state tax return. The Matthews do not have enough deductions to itemize for 2019 and they have never itemized deductions.
- Mark and Barbara stated if they are entitled to a refund, they want half of it deposited into their checking account and the other half deposited into their savings account. The checking account number is 123456789 and the savings account number is 987654321. Both accounts are from Adelphi Bank and Trust.



Form <b>13614-C</b> (October 2019)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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 1-4 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 [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)**

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**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 <b>MARK</b>	M.I.	Last name <b>MATTHEWS</b>	Daytime telephone number <b>YOUR PHONE #</b>	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name <b>BARBARA</b>	M.I.	Last name <b>MATTHEWS</b>	Daytime telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address <b>742 RED ROOSTER ROAD</b>			Apt #	City <b>YOUR CITY</b>
			State <b>YS</b>	ZIP code <b>YOUR ZIP</b>

4. Your Date of Birth <b>02/02/1950</b>	5. Your job title <b>RETIRED</b>	6. Last year, were you:
		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth <b>04/03/1957</b>	8. Your spouse's job title <b>ADMIN ASST</b>	9. Last year, was your spouse:
		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☒ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☒ No

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**Part II – Marital Status and Household Information**

1. As of December 31, 2019, what was your marital status?

☐ Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

☒ Married

a. If Yes, Did you get married in 2019? ☐ Yes ☒ No

b. Did you live with your spouse during any part of the last six months of 2019? ☒ Yes ☐ No

☐ Divorced Date of final decree \_\_\_\_\_

☐ Legally Separated Date of separate maintenance decree \_\_\_\_\_

☐ Widowed Year of spouse's death \_\_\_\_\_

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

If 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 12/31/19 (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 \$4,200 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)	(h)	(i)						

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2019)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" 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? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]



**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
5. Live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? \_\_\_\_\_
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.**

7. 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
8. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
11. Your race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
12. Your spouse's race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer

Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

a Employee's social security number <b>310-00-XXXX</b>		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) <b>40-000XXXX</b>		1 Wages, tips, other compensation <b>28,500.00</b>	2 Federal income tax withheld <b>2,784.00</b>		
c Employer's name, address, and ZIP code  <b>CONWAY COMPANY 25 IMPERIAL LANE YOUR CITY, STATE ZIP</b>		3 Social security wages <b>28,500.00</b>	4 Social security tax withheld <b>1,767.00</b>		
		5 Medicare wages and tips <b>28,500.00</b>	6 Medicare tax withheld <b>413.25</b>		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.  <b>BARBARA MATTHEWS 742 RED ROOSTER YOUR CITY, STATE ZIP</b>		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number <b>YS 34-500XXXX</b>	16 State wages, tips, etc. <b>28,500.00</b>	17 State income tax <b>1,400.00</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

**2019**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <b>PINE CORPORATION 1809 GULF DRIVE YOUR CITY, STATE ZIP</b>		1 Gross distribution <b>\$ 22,532.00</b>	2019		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the IRS.
		2a Taxable amount <b>\$</b>	Form 1099-R		
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN <b>40-100XXXX</b>	RECIPIENT'S TIN <b>317-00-XXXX</b>	3 Capital gain (included in box 2a) <b>\$</b>	4 Federal income tax withheld <b>\$ 2,253.00</b>		
RECIPIENT'S name  <b>MARK MATTHEWS</b>		5 Employee contributions/ Designated Roth contributions or insurance premiums <b>\$</b>	6 Net unrealized appreciation in employer's securities <b>\$</b>		
Street address (including apt. no.)  <b>742 RED ROOSTER</b>		7 Distribution code(s) <b>7</b>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other <b>\$</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b>		9a Your percentage of total distribution <b>%</b>	9b Total employee contributions <b>\$ 14,500.00</b>		
10 Amount allocable to IRR within 5 years <b>\$</b>	11 1st year of desig. Roth contrib. <input type="checkbox"/>	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld <b>\$</b>	13 State/Payer's state no.	
Account number (see instructions)		Date of payment	15 Local tax withheld <b>\$</b>	16 Name of locality	14 State distribution <b>\$</b>
			17 Local distribution <b>\$</b>		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <b>ESSEX BANK, CUSTODIAN FOR ROTH IRA OF MARK MATTHEWS 300 MARIN STREET YOUR CITY, STATE ZIP</b>		<b>1</b> Gross distribution \$ <b>3,200.00</b> <b>2a</b> Taxable amount \$ <b>0.00</b>	OMB No. 1545-0119  <div style="font-size: 2em; font-weight: bold;">2019</div> Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
<b>PAYER'S TIN</b>  <b>48-100XXXX</b>	<b>RECIPIENT'S TIN</b>  <b>317-00-XXXX</b>	<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$	<b>Copy B</b> <b>Report this</b> <b>income on your</b> <b>federal tax</b> <b>return. If this</b> <b>form shows</b> <b>federal income</b> <b>tax withheld in</b> <b>box 4, attach</b> <b>this copy to</b> <b>your return.</b>  This information is being furnished to the IRS.
<b>RECIPIENT'S name</b>  <b>MARK MATTHEWS</b>  Street address (including apt. no.) <b>742 RED ROOSTER</b>  City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b>		<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$	<b>6</b> Net unrealized appreciation in employer's securities \$	
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	<b>FATCA filing requirement</b> <input type="checkbox"/>	
<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no.	<b>14</b> State distribution \$	
<b>15</b> Local tax withheld \$		<b>16</b> Name of locality		<b>17</b> Local distribution \$

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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

**2019** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>MARK MATTHEWS</b>		Box 2. Beneficiary's Social Security Number <b>317-00-XXXX</b>	
Box 3. Benefits Paid in 2019 <b>\$17,214.00</b>	Box 4. Benefits Repaid to SSA in 2019	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) <b>\$17,214.00</b>	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>  Paid by check or direct deposit: <b>\$13,867.00</b>  Medicare Part B premiums deducted from your benefits: <b>\$1,626.00</b>  <b>Total Additions:</b>  <b>Benefits for 2019:</b> <b>\$17,214</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>  Box 6. Voluntary Federal Income Tax Withholding <b>\$1,721.00</b>  Box 7. Address <b>742 Red Rooster Your City, State ZIP</b>  Box 8. Claim Number (Use this number if you need to contact SSA.)	

**Draft as of June 21, 2019 - Subject to Change**

Form SSA-1099-SM (6-2019) **DO NOT RETURN THIS FORM TO SSA OR IRS**



**ABC INVESTMENTS**

456 Pima Plaza  
Your City, YS ZIP

**2019 TAX REPORTING STATEMENT**

Mark and Barbara Matthews  
742 Red Rooster Road  
Your City, YS ZIP  
Account No. 111-222  
Recipient ID No. 317-00-XXXX  
Payer's Fed ID Number: 40-200XXXX

**Form 1099-DIV\* 2019 Dividends and Distributions**

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

1a	Total Ordinary Dividends	220.00
1b	Qualified Dividends	189.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	308.00
2b	Capital Gains that represent Unrecaptured 1250 Gain	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) Gain	0.00
3	Nondividend Distributions	50.00
4	Federal Income Tax Withheld	0.00
5	Section 199A Dividends	0.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	18.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Non-Cash Liquidation Distributions	0.00
11	Exempt Interest Dividends	0.00
12	Specified Private Activity Bond Interest Dividends	0.00
13	State	
14	State Identification No.	
15	State Tax Withheld	0.00

**Form 1099-MISC\* 2019 Miscellaneous Income**

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

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

**Form 1099-INT\* 2019 Interest Income**

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

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

**Summary of 2019 Proceeds From Broker and Barter Exchange Transactions**

Sales Price of Stocks, Bonds, etc.	6,300.00
Federal Income Tax Withheld	0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.  
Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

**ABC INVESTMENTS**

456 Pima Plaza  
Your City, YS ZIP

**2019 TAX REPORTING STATEMENT**

Mark and Barbara Matthews  
742 Red Rooster Road  
Your City, YS ZIP  
Account No. 111-222  
Recipient ID No. 317-00-XXXX  
Payer's Fed ID Number: 40-200XXXX

**FORM 1099-B\* 2019 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

**Short-term transactions for which basis is reported to the IRS**

Report on Form 8949 with Box A checked and/or Schedule D, Part I  
(This Label is a Substitute for Boxes 1c & 6)

**8 Description, 1d Stock or Other Symbol, CUSIP**

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

Action	<b>1b</b> Date Acquired	<b>1c</b> Date sold disposed	<b>1a</b> Quantity Sold	<b>1d</b> Proceeds	<b>1e</b> Cost or Other Basis	Gain / Loss (-)	<b>1g</b> Wash Sale Loss Disallowed	<b>4</b> Federal Income Tax Withheld	<b>14</b> State State	<b>15</b> State Tax Withheld
<b>Idaho Co. Common Stock</b>										
Sale	02/01/2019	10/01/2019	250.000	1,700.00	2,189.00	(489.00)				
<b>TOTALS</b>				<b>1,700.00</b>	<b>2,189.00</b>					

**FORM 1099-B\* 2019 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

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

Report on Form 8949 with Box E checked and/or Schedule D, Part II  
(This Label is a Substitute for Boxes 1c & 6)

**8 Description, 1d Stock or Other Symbol, CUSIP**

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

Action	<b>1b</b> Date Acquired	<b>1c</b> Date sold disposed	<b>1a</b> Quantity Sold	<b>1d</b> Proceeds	<b>1e</b> Cost or Other Basis	Gain / Loss (-)	<b>1g</b> Wash Sale Loss Disallowed	<b>4</b> Federal Income Tax Withheld	<b>14</b> State State	<b>15</b> State Tax Withheld
<b>Iowa Co. Common Stock</b>										
Sale	06/15/1999	03/01/2019	200.000	4,600.00	1,700.00	2,900.00				
<b>TOTALS</b>				<b>4,600.00</b>	<b>1,700.00</b>					

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Adelphi Bank and Trust</b> <b>8020 Yonkers Blvd</b> <b>YOUR CITY, STATE ZIP</b>		Payer's RTN (optional)  1 Interest income <b>\$ 300.00</b>	OMB No. 1545-0112  <div style="font-size: 2em; font-weight: bold; text-align: center;">2019</div> Form <b>1099-INT</b>	<b>Interest Income</b>  <b>Copy B</b> <b>For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN  <b>34-7XXXXXX</b>		RECIPIENT'S TIN  <b>317-00-XXXX</b>		
RECIPIENT'S name  <b>MARK MATTHEWS</b>  Street address (including apt. no.)  <b>742 RED ROOSTER</b>  City or town, state or province, country, and ZIP or foreign postal code  <b>YOUR CITY, STATE ZIP</b>		2 Early withdrawal penalty \$  3 Interest on U.S. Savings Bonds and Treas. obligations \$  4 Federal income tax withheld \$ <b>20.00</b>		
5 Investment expenses \$  6 Foreign tax paid \$  7 Foreign country or U.S. possession \$  8 Tax-exempt interest \$  9 Specified private activity bond interest \$  10 Market discount \$  11 Bond premium \$ <b>50.00</b>		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** (keep for your records) 
 [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT) 
 Department of the Treasury - Internal Revenue Service

<b>Mark and Barbara Matthews</b> 742 Red Rooster Road Your City, State 00000		<b>1234</b>  20
PAY TO THE ORDER OF _____ \$ _____		VOID
_____ DOLLARS		
<b>Adelphi Bank and Trust</b> Anytown, State 00000 For _____		
: 111000025 : 123456789 1234		

## Advanced Scenario 7: Test Questions

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- 21.** Since the Matthews did not itemize for 2018, their state refund is not reported on Form 1040.
- a. True
  - b. False
- 22.** What is the amount of taxable interest reported on the Matthews' Form 1040?
- a. \$50
  - b. \$250
  - c. \$300
  - d. \$350
- 23.** What is the total net amount of capital gain reported on Form 1040?
- a. \$308
  - b. \$2,411
  - c. \$2,719
  - d. \$2,900
- 24.** What is the taxable portion of Mark's pension from Pine Corporation using the simplified method? \$\_\_\_\_\_.
- 25.** Is Mark's Social Security income taxable?
- a. Yes, a portion of the Social Security income is taxable.
  - b. Yes, all of the Social Security income is taxable.
  - c. No, because their total income is less than \$32,000.
  - d. No, Social Security benefits are never taxable.
- 26.** The Matthews want to split their refund between savings and checking accounts. How is this accomplished, if possible?
- a. Complete Form 8888, Allocation of Refund (Including Savings Bond Purchases).
  - b. Splitting a refund is not possible.
  - c. This can only be accomplished if filing a paper return.
  - d. The Matthews do not have an overpayment on their return.

- 27.** What is the total federal income tax withholding reported on the Matthews' Form 1040?
- a. \$2,803
  - b. \$3,974
  - c. \$5,056
  - d. \$6,778

## Test Scenario 8: Ramon Torrez

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### Directions

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

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

### Interview Notes

- Ramon works as a self-employed ride share driver.
  - Ramon is a cash-basis taxpayer who materially participates in the operation of his business. He did not make any payments that would require him to file Form 1099.
  - Ramon uses business code 485990.
  - Ramon had no prior year unallowed losses.
- He received Form 1099-MISC and Form 1099-K from the ride share company. He had an additional \$2,745 in cash tip income from individual customers NOT included on the Forms 1099.
- Ramon provided a statement from the ride share company that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the ride share business.
  - 30,200 miles driven while transporting customers.
  - Ride share fee: \$4,800
  - Safe driver fee: \$140
  - Airport fee: \$515
  - GPS device fee: \$320
- Ramon's recordkeeping application shows he drove 5,830 miles between rides; 2,700 miles driven between his home and his first and last customer of the day. He had the following miscellaneous expenses:
  - Snacks for customers: \$280
  - Auto deodorizers: \$15
  - Phone chargers for customer use only: \$120
  - Meals eaten while waiting for customers: \$1,200
- The total mileage on his car for 2019 was 44,730 miles, of that 6,000 was personal miles. He placed his car, a 2016 sedan, in service on January 6, 2017. He always takes the standard mileage rate. This is Ramon's only car and it was available for personal use.
- Ramon found his Form 1098-E online stating he paid \$3,600 in student loan interest in 2019.
- Ramon did not have any health insurance for the year.
- Ramon received a CP01-A Notice assigning him an identity protection personal identification number (IP PIN). His IP PIN is 357900.



Form <b>13614-C</b> (October 2019)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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 1-4 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 [wi.voltax@irs.gov](mailto:wi.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 <b>RAMON</b>	M.I.	Last name <b>TORREZ</b>	Daytime telephone number <b>YOUR PHONE #</b>	Are you a U.S. citizen? <input checked="" 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 <b>1551 CONCORD CIRCLE</b>			Apt #	City <b>YOUR CITY</b>
4. Your Date of Birth <b>11/22/1995</b>		5. Your job title <b>SELF-EMPLOYED DRIVER</b>		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" 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
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2019, what was your marital status? ☒ Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)  
☐ Married a. If Yes, Did you get married in 2019? ☐ Yes ☐ No  
☐ Divorced b. Did you live with your spouse during any part of the last six months of 2019? ☐ Yes ☐ No  
☐ Legally Separated Date of final decree \_\_\_\_\_  
☐ Widowed Date of separate maintenance decree \_\_\_\_\_  
Year of spouse's death \_\_\_\_\_

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

If 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 12/31/19 (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 \$4,200 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)	(h)	(i)					

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 10-2019)



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 checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]



**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
5. Live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? \_\_\_\_\_
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☒ Yes ☐ No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.**

7. 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
8. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
11. Your race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
12. Your spouse's race?  
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Additional comments

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The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>TOP CARS RIDE SHARE</b> <b>8009 PIKE CIR</b> <b>YOUR CITY, STATE ZIP</b>		1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>
		\$		<b>2019</b> Form <b>1099-MISC</b>		
		2 Royalties				
		\$				
3 Other income		4 Federal income tax withheld		<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
\$		\$				
5 Fishing boat proceeds		6 Medical and health care payments				
PAYER'S TIN <b>38-700XXXX</b>		RECIPIENT'S TIN <b>227-00-XXXX</b>				
RECIPIENT'S name <b>RAMON TORREZ</b> Street address (including apt. no.) <b>1551 CONCORD CIRCLE</b> City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b>		7 Nonemployee compensation \$ <b>225.00</b>		8 Substitute payments in lieu of dividends or interest \$		
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$				
11		12				
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$		15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no. \$
				18 State income \$		
Form <b>1099-MISC</b> (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service						

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>TOP CARS RIDE SHARE</b> <b>8009 PIKE CIR</b> <b>YOUR CITY, STATE ZIP</b>		FILER'S TIN <b>38-700XXXX</b>		OMB No. 1545-2205		<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S TIN <b>227-00-XXXX</b>		<b>2019</b> Form <b>1099-K</b>		
		1a Gross amount of payment card/third party network transactions \$ <b>29,000</b>				
		1b Card Not Present transactions \$				
2 Merchant category code		<b>Copy B For Payee</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.				
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 <b>RAMON TORREZ</b> Street address (including apt. no.) <b>1551 CONCORD CIRCLE</b> City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, STATE ZIP</b> PSE's name and telephone number		5a January \$ <b>1,200</b>		5b February \$ <b>800</b>		
		5c March \$ <b>2,050</b>		5d April \$ <b>2,100</b>		
		5e May \$ <b>2,000</b>		5f June \$ <b>3,400</b>		
		5g July \$ <b>5,800</b>		5h August \$ <b>2,800</b>		
		5i September \$ <b>5,900</b>		5j October \$ <b>1,200</b>		
		5k November \$ <b>700</b>		5l December \$ <b>1,050</b>		
Account number (see instructions)		6 State		7 State identification no.		8 State income tax withheld \$
Form <b>1099-K</b> (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service						

## Test Scenario 8: Test Questions

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### Directions

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

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

- 28.** The only income Ramon needs to report on his Schedule C is his income from Form 1099-K, Payment Card and Third Party Network Transactions.
- a. True
  - b. False
- 29.** Ramon's mileage expense deduction (at the standard mileage rate) for his business as a ride share driver (rounded to the nearest dollar) is \$17,516.
- a. True
  - b. False
- 30.** What is the amount of Ramon's student loan interest deduction shown on Form 1040, Schedule 1? \$\_\_\_\_\_.
- 31.** How does Ramon's self-employment tax affect his tax return?
- a. Ramon's self-employment tax is not reported anywhere on Form 1040.
  - b. A portion of the self-employment tax is deducted as a business expense on Schedule C, Profit or Loss From Business.
  - c. The self-employment tax is added to his other taxes and the full amount is deducted as an adjustment to income.
  - d. The self-employment tax is added to his other taxes and one half of the self-employment tax is an adjustment to income.
- 32.** What is the amount of Ramon's qualified business income (QBI) deduction?
- a. \$1,800, 20% of Ramon's net qualified business income.
  - b. \$0 because ride share is considered a specified service business.
  - c. \$0 because Ramon does not have taxable income before the QBI deduction.
  - d. \$0 because Ramon has no qualified business income.

- 33.** Ramon did not have health insurance in 2019, how does that affect his return?
- a. He must pay a \$695 shared responsibility payment (SRP).
  - b. It has no effect on his Form 1040. The “Full-year health care coverage or exempt” box is eliminated from Form 1040 because the shared responsibility payment is reduced to zero for tax year 2019.
  - c. Ramon can claim a short coverage gap exemption to avoid the shared responsibility payment.
  - d. Ramon can claim the affordability exemption to avoid the shared responsibility payment.
- 34.** Ramon has been assigned an Identity Protection PIN by the IRS. How does this affect preparation of Ramon’s tax return?
- a. The PIN must be entered during tax return preparation.
  - b. The PIN will appear on Ramon’s Form 1040.
  - c. Failure to enter the PIN will delay processing of Ramon’s tax return.
  - d. All of the above.
- 35.** What is the reason Ramon does not qualify for the earned income tax credit?
- a. His income is too high.
  - b. His self employment income is not considered earned income.
  - c. His student loan interest was \$3,600.
  - d. He had no qualifying children and he was under age 25.