



Qualified Experienced Volunteer Scenarios and Test Questions

Directions

The first four 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.**

Scenario 1: Donna and Becky Howard

Interview Notes

- Becky is 25 years old and unmarried. She has two children: Seth is 7 years old and Kathleen was born in 2021. They all lived with Donna, Becky's mother, in 2021.
- Seth and Kathleen's father do not live with them, and Becky has not signed a Form 8332.
- Becky works full-time and made \$30,000 in 2021. The children attended daycare while she worked. She received a statement from her childcare provider showing that she paid \$8,000 for the care of both children for the year.
- Donna is unmarried and earned \$25,000 in 2021. Donna paid over half the costs of keeping up the home for herself, Becky and Becky's children.
- In 2020, Donna's adjusted gross income (AGI) was higher than Becky's and Becky allowed Donna to claim Seth as a dependent. Donna received a \$2,800 third Economic Impact Payment (EIP 3) in 2021. Becky received an EIP 3 of \$1,400.
- Donna opted out of the advance payments of the Child Tax Credit. Becky did not receive any advance payments of the Child Tax Credit.
- Becky, Donna, Seth, and Kathleen are all U.S. citizens with valid Social Security numbers and lived in the United States all year.

Scenario 1: Test Questions

1. Which of the following statements is **true** for 2021?
 - a. Seth and Kathleen are Donna's qualifying children and Donna can claim them as dependents.
 - b. Seth and Kathleen are Becky's qualifying children and Becky can claim them as dependents.
 - c. Donna can claim the children as dependents if Becky agrees.
 - d. Donna and Becky can each claim one child as a dependent.

2. Which of the following statements is true?
 - a. Donna may file as Head of Household and Becky must file as Single.
 - b. Donna and Becky can both file as Head of Household.
 - c. Donna and Becky must both file as Single.
 - d. Donna must file as Single and Becky may file as Head of Household.

3. The person who can claim the children as dependents for 2021 is eligible to claim:
 - a. Zero in child tax credit and zero in child and dependent care eligible expenses
 - b. A child tax credit of \$4,000 and can use \$6,000 in child and dependent care eligible **expenses**
 - c. A child tax credit of \$6,600 and can use \$6,000 in child and dependent care eligible **expenses**
 - d. A child tax credit of \$6,600 and can use \$8,000 in child and dependent care eligible **expenses**
 - e. A child tax credit of \$7,200 and can use \$8,000 in child and dependent care eligible **expenses**

4. Which of the following statements regarding the EIP 3/Recovery Rebate Credit is true?
 - a. Becky is eligible to claim a \$2,800 Recovery Rebate Credit for Kathleen and Seth.
 - b. Donna must repay the \$1,400 EIP 3 she received for Seth.
 - c. Donna is eligible to claim a \$1,400 Recovery Rebate Credit for Kathleen.
 - d. Becky is **not** eligible to claim a Recovery Rebate Credit.

Scenario 2: David Newberry and His Parents

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes here and the accompanying Form 1098-T on the next page for the information needed to answer the questions that follow.

Interview Notes

- David is 19 years old and a full-time college sophomore majoring in physics. The college is an eligible educational institution. He resides on campus during the school year and lives with his parents during the summer.
- David spent \$1,500 on books in 2021.
- David's parents provided more than half of his support.
- David has never been convicted of a felony.
- David received Form 1098-T as shown on the following page. The Box 5 amount is an **unrestricted** scholarship. David received no other income in 2021.
- David and his parents are U.S. citizens with valid Social Security numbers.
- David and his parents came to the site to have their returns prepared. They want to maximize the tax benefits for the family.

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number YUMA COLLEGE 1000 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP		1 Payments received for qualified tuition and related expenses \$ 20,000.00	OMB No. 1545-1574 2021 Form 1098-T	Tuition Statement 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.
FILER'S employer identification no. 37-700XXXX	STUDENT'S TIN 654-00-XXXX	3	5 Scholarships or grants \$ 25,000.00	
STUDENT'S name DAVID NEWBERRY	4 Adjustments made for a prior year \$	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 2022 <input type="checkbox"/>	
Street address (including apt. no.) 1234 ROCKMOUNT STREET	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		Service Provider/Acct. No. (see instr.)		

Form **1098-T**

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

Scenario 2: Test Questions

5. David's parents would like to claim the American opportunity credit on their tax return. What treatment would provide David and his parents the **most favorable** outcome?
 - a. David's parents can claim only \$1,500 as qualified education expenses.
 - b. Neither David nor his parents can claim the credit because the scholarship income was more than education expenses.
 - c. David includes \$3,500 as taxable scholarship income and his parents claim \$4,000 in qualified education expenses.
 - d. David includes \$7,500 as taxable scholarship income and his parents claim \$4,000 in qualified education expenses.

6. For the purpose of determining if David has a **filing requirement**, taxable scholarship and fellowship grants are considered:
 - a. Earned income
 - b. Unearned income
 - c. His parents' income
 - d. Scholarship and fellowship grant income is never considered taxable

Scenario 3: Sophia Woodruff

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes here and the brokerage statement on the next page for the information needed to answer the questions that follow.

Interview Notes

- Sophia is 20 years old, unmarried, and graduated from junior college in December 2020.
- In 2021, she worked as a care provider for her disabled sister, Savannah, and received \$15,200 in Medicaid waiver payments reported on Form W-2 Box 1.
- In June, Sophia sold some stock she inherited. She provided the brokerage statement showing all her stock sales for 2021.
- Sophia is a U.S. citizen, has a Social Security number, and lived with Savannah in the U.S. all year.
- Sophia provides all of her own support.

ABC INVESTMENTS456 Pima Plaza
Your City, YS ZIP**2021 Tax Reporting Statement**Sophia Woodruff
890 Alma Avenue
Your City, YS ZIP
Account No. 1111-2222
Recipient ID 655-00-XXXX
Payer's Fed ID: 25-800XXXX**Long-Term Transactions for Which Basis is Reported to the IRS; Report on Form 8949, Part II, with Box D checked.**

Description of Property (Box 1a) / CUSIP / SYMBOL

Activity Type	Quantity Sold (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d) Gross Proceeds Reported to the IRS (Box 6) (X)	Cost or Other Basis (Box 1e)	Unadjusted Gain/Loss	Accrued Market Discount (Box 1f)	Wash Sale Loss Disallowed (Box 1g)	Federal Income Tax Withheld (Box 4)	Loss Not Allowed Based on Amount in Box 1d (Box 7)
Wash Sale Example Company / 656435200 / WASHX										
Sale	10.000000	3/17/2020	12/28/2021	200.00	500.00	-300.00		300.00	0.00	
Long Term Gain Example Company / 756435200 / LONGX										
Sale	25.000000	1/3/2012	1/31/2021	1,000.00	700.00	300.00			0.00	
Sale	40.000000	2/11/2012	12/31/2021	2,000.00	1,600.00	400.00			0.00	
Subtotal	65.000000			3,200.00	2,800.00	400.00	0.00	300.00	0.00	

Long-Term Transactions for Which Basis was not Reported to the IRS; Report on Form 8949, Part II, with Box E checked.

Description of Property (Box 1a) / CUSIP / SYMBOL

Activity Type	Quantity Sold (Box 1a)	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d) Gross Proceeds Reported to the IRS (Box 6) (X)	Cost or Other Basis (Box 1e)	Unadjusted Gain/Loss	Accrued Market Discount (Box 1f)	Wash Sale Loss Disallowed (Box 1g)	Federal Income Tax Withheld (Box 4)	Loss Not Allowed Based on Amount in Box 1d (Box 7)
Inherited Example Company/ 556435200 / INHER										
Sale	20.000000	6/26/2021	8/1/2021	8,400.00	5,000.00	3,400.00			0.00	
Subtotal	20.000000			8,400.00	5,000.00	3,400.00	0.00	0.00	0.00	
Totals				11,600.00	7,800.00	3,800.00	0.00	300.00	0.00	

Scenario 3: Test Questions

7. Sophia's inherited stock sale is treated as a long-term transaction
 - a. True
 - b. False
8. What is Sophia's total capital gain or loss? _____
9. Which of the following are true?
 - a. Sophia is **not** eligible for the Earned Income Credit because her investment income is too high.
 - b. Sophia is **not** eligible for the Earned Income Credit because her earned income is too high.
 - c. Sophia is **not** eligible for the Earned Income Credit because she is too young to claim the credit without a qualifying child.
 - d. Sophia is eligible for the Earned Income Credit.
10. Sophia may **exclude** the qualified Medicaid waiver payments from gross income and **include** those payments in earned income.
 - a. True
 - b. False

Scenario 4: Keisha and Jay Johnson

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes and accompanying Forms 1099-NEC and 1099-K for the information needed to answer the questions that follow.

Interview Notes

- Keisha and Jay are married and file a joint return.
- Jay is an employee and received a Form W-2 showing \$30,000 in wages for the year. Keisha is a self-employed driver for Delicious Deliveries.
- Keisha and Jay had health insurance subsidized by Jay's employer. They paid \$3,600 pre-tax in premiums for the year.
- Keisha provided a statement from the food delivery service that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the food delivery business:
 - 7,200 miles driven while delivering food
 - Insulated box rental: \$300
 - Vehicle safety inspection (required by Delicious Deliveries): \$50
 - GPS device fee: \$120
- Keisha also kept receipts for the following out-of-pocket expenses:
 - \$100 for tolls
 - \$120 for car washes
 - \$48 for parking tickets
 - \$75 for Personal Protective Equipment (PPE) used during deliveries
 - \$150 for snacks and lunches Keisha consumed while working
- Keisha's record keeping application shows she also drove 4,125 miles between deliveries and 4,200 miles driven between her home and her first and last delivery point of the day. Keisha has a separate car for personal use. She bought and started using her second car for business on September 1, 2020.
- Keisha provided the Form 1099-NEC and Form 1099-K that she received from Delicious Deliveries. See the next page.
- Keisha also received \$300 in cash tips that were not reported elsewhere.
- Keisha and Jay also paid the following this year:
 - Mortgage interest = \$5,000
 - Property tax = \$3,000
 - Donations of clothing in good used condition = \$350 (fair market value)
 - Cash donations to qualified charities = \$550
 - Tools for Jay's job = \$300
 - State income taxes withheld = \$4,000
- Keisha won \$10,000 on a scratch off lottery ticket. She has \$3,000 of losing tickets.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Delicious Deliveries 567 ALVIN AVENUE YOUR CITY, YOUR STATE, ZIP		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation Copy B For Recipient 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 20-400XXXX	RECIPIENT'S TIN 345-00-XXXX	1 Nonemployee compensation \$ 1,800.00		
RECIPIENT'S name Keisha Johnson Street address (including apt. no.) 789 DANA DRIVE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$		
Account number (see instructions) \$		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC 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. Delicious Deliveries 567 ALVIN AVENUE YOUR CITY, YOUR STATE, ZIP		FILER'S TIN 20-400XXXX	PAYEE'S TIN 345-00-XXXX	OMB No. 1545-2205 2021 Form 1099-K	Payment Card and Third Party Network Transactions Copy B For Payee 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.
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 15,245.00	
PAYEE'S name Keisha Johnson Street address (including apt. no.) 789 DANA DRIVE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		1b Card Not Present transactions \$		2 Merchant category code	
PSE'S name and telephone number		3 Number of payment transactions 3,300		4 Federal income tax withheld \$	
Account number (see instructions)		5a January \$ 1,270.00	5b February \$ 1,200.00	8 State income tax withheld \$	
		5c March \$ 1,340.00	5d April \$ 1,250.00		
		5e May \$ 1,290.00	5f June \$ 1,300.00		
		5g July \$ 1,240.00	5h August \$ 1,140.00		
		5i September \$ 1,270.00	5j October \$ 1,235.00		
		5k November \$ 1,310.00	5l December \$ 1,400.00		
		6 State	7 State identification no.		

Form **1099-K** (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Scenario 4: Test Questions

11. What is Keisha's Schedule C **net profit**?
- a. \$8,006
 - b. \$10,040
 - c. \$10,358
 - d. \$17,345
12. How much of Keisha's gambling winnings must be included in adjusted gross income (AGI)? \$_____
13. How much can Keisha and Jay claim as charitable contributions if they take the standard deduction?
- a. \$300
 - b. \$550
 - c. \$600
 - d. \$900
14. Which of the following statements is true:
- a. Keisha can add the \$3,600 they paid for health insurance premiums to her self-employment expenses on Schedule C.
 - b. Keisha can claim the \$3,600 they paid for health insurance premiums as a self-employed health insurance deduction on Schedule 1.
 - c. Keisha can claim her portion of the health insurance premiums, \$1,800, as a self-employed health insurance deduction on Schedule 1.
 - d. Keisha can add her portion of the health insurance premiums, \$1,800, to her self-employment expenses on Schedule C.
 - e. Keisha is **not** eligible for a self-employed health insurance deduction.

Scenario 5: Kenneth and Martha Kemper

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. To ensure the accuracy of the taxpayer's return the volunteer should review and complete the applicable sections of the Form 13614-C.

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

- Kenneth and Martha are married and would like to file a joint return.
- Kenneth applied for Social Security Disability benefits in July 2019, and he began receiving benefits in December 2021. The payment included a lump sum distribution for the time Kenneth's application was pending in 2019 and 2020. Kenneth and Martha filed a joint return each year. In 2019, their modified adjusted gross income was \$36,700, and in 2020 their modified adjusted gross income was \$27,835. Martha has never received Social Security benefits.
- Kenneth and Martha have never itemized their deductions.
- Kenneth and Martha received a state income tax refund of \$230.
- Martha began receiving pension benefits on May 1, 2020. She chose a joint and survivor annuity. She also works part time.
- Kenneth and Martha purchased health care coverage through the Marketplace, which they had all year. At no time during the year were either Kenneth or Martha eligible for unemployment.
- The Kempers received an Economic Impact Payment (EIP 3) of \$2,800 in 2021.
- Kenneth and Martha are U.S. citizens, have valid Social Security numbers and lived in the lower 48 states for the entire year.
- If the Kempers are due a refund, they want it direct deposited to their checking account. Bank Routing is 111000022; Checking Account number is 1234567890. If they have a balance due, they will mail in the payment.



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

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 KENNETH	M.I. R	Last name KEMPER	Best contact number 212-555-1212	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name MARTHA	M.I. B	Last name KEMPER	Best contact number 212-555-1212	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 8705 SKIDMORE WAY		Apt #	City YOUR CITY	State YS
4. Your Date of Birth 07/11/1963		5. Your job title DISABLED	6. Last year, were you:	
		b. Totally and permanently disabled <input checked="" type="checkbox"/> Yes <input 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 05/24/1960		8. Your spouse's job title CLIENT SERVICE SPECIALIS		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? <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				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?

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

Married

Divorced

Legally Separated

Widowed

a. If Yes, Did you get married in 2021? Yes No

b. Did you live with your spouse during any part of the last six months of 2021? Yes No

Date of final decree _____

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 12/31/21 (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,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	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)					

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? 1
<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 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 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, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services 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 or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input checked="" 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 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, virtual currency, Sch K-1, royalties, foreign income, etc.)
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 or repayments 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. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) 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. (A) 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, student loan 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (B) Receive Advanced Child Tax Credit payments?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Would you like to receive written communications from the IRS in a language other than English? Yes No If yes, which language? _____
- 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. Did you 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
 No spouse
- 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 No spouse

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 456-00-XXXX	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 34-600XXXX		1 Wages, tips, other compensation \$20,000.00	2 Federal income tax withheld \$2,000.00		
c Employer's name, address, and ZIP code SWIFT & ASSOCIATES 12210 ROBINSON ROAD YOUR CITY, YOUR STATE, ZIP		3 Social security wages \$20,000.00	4 Social security tax withheld \$1,240.00		
		5 Medicare wages and tips \$20,000.00	6 Medicare tax withheld \$290.00		
		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. MARTHA KEMPER 8705 SKIDMORE WAY YOUR CITY, YOUR STATE, ZIP		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	
f Employee's address and ZIP code		12d			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS 123456-7	\$20,000.00	\$600.00			

Form W-2 Wage and Tax Statement 2021 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.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SNEAD COMPANY PENSION PLAN 456 MARTIN MILLS ROAD YOUR CITY, YS, YOUR ZIP		1 Gross distribution \$ 6,000.00	2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 6,000.00	Form 1099-R	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.	
PAYER'S TIN 20-700XXXX	RECIPIENT'S TIN 457-00-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 600.00		
RECIPIENT'S name KENNETH KEMPER Street address (including apt. no.) 8705 SKIDMORE WAY City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 2	8 Other \$ %		
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

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

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Clark Company Pension Plan 1721 Donnelly Drive Your City, State ZIP			1 Gross distribution \$ 14,400 2a Taxable amount \$		OMB No. 1545-0119 2021 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 40-000XXXX		RECIPIENT'S TIN 456-00-XXXX	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,400	
RECIPIENT'S name Martha Kemper Street address (including apt. no.) 8705 SKIDMORE WAY City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 9,000	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$		15 State/Payer's state no.
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$		18 Name of locality
					16 State distribution \$	
					19 Local distribution \$	

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

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.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2021

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

Box 1. Name KENNETH KEMPER		Box 2. Beneficiary's Social Security Number 457-00-XXXX
Box 3. Benefits Paid in 2020 \$34,968	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$34,968
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <p>2019: \$5,880 2020: \$14,400 2021: \$14,688</p>		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p>
		Box 6. Voluntary Federal Income Tax Withholding
		Box 7. Address 8705 SKIDMORE WAY YOUR CITY, STATE ZIP
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2020 - Subject to Change

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

Part I Recipient Information

1 Marketplace identifier 12-3456789	2 Marketplace-assigned policy number 00123456789	3 Policy issuer's name OAKWOOD HEALTHCARE		
4 Recipient's name KENNETH KEMPER		5 Recipient's SSN 457-00-XXXX	6 Recipient's date of birth 07/11/1963	
7 Recipient's spouse's name MARTHA KEMPER		8 Recipient's spouse's SSN 456-00-XXXX	9 Recipient's spouse's date of birth 05/24/1960	
10 Policy start date 01/01/2021	11 Policy termination date 12/31/2021	12 Street address (including apartment no.) 8705 SKIDMORE WAY		
13 City or town YOUR CITY	14 State or province YOUR STATE	15 Country and ZIP or foreign postal code ZIP		

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	KENNETH KEMPER	457-00-XXXX	07/11/1963	01/01/2021	12/31/2021
17	MARTHA KEMPER	456-00-XXXX	05/24/1960	01/01/2021	12/31/2021
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	\$1,839.06	\$1,889.06	\$1,801.07
22 February	\$1,839.06	\$1,889.06	\$1,801.07
23 March	\$1,839.06	\$1,889.06	\$1,801.07
24 April	\$1,839.06	\$1,889.06	\$1,801.07
25 May	\$1,839.06	\$1,889.06	\$1,801.07
26 June	\$1,839.06	\$1,889.06	\$1,801.07
27 July	\$1,839.06	\$1,889.06	\$1,801.07
28 August	\$1,839.06	\$1,889.06	\$1,801.07
29 September	\$1,839.06	\$1,889.06	\$1,801.07
30 October	\$1,839.06	\$1,889.06	\$1,801.07
31 November	\$1,839.06	\$1,889.06	\$1,801.07
32 December	\$1,839.06	\$1,889.06	\$1,801.07
33 Annual Totals	\$22,068.72	\$22,668.72	\$21,612.84

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

Cat. No. 60703Q

Form **1095-A** (2021)

Scenario 5: Test Questions

15. How much of Kenneth and Martha's state income tax refund is taxable?
- a. \$0
 - b. \$23
 - c. \$115
 - d. \$230
16. What are the advantages of completing the lump-sum Social Security worksheet for Kenneth?
- a. It reduces the taxable portion of Social Security benefits.
 - b. It reduces the amount of premium tax credit that must be repaid.
 - c. There is no benefit to completing the worksheet.
 - d. Both a and b
17. If Kenneth uses the lump-sum Social Security worksheet, what is the taxable portion of his Social Security benefits?
- a. \$8,927
 - b. \$13,385
 - c. \$17,546
 - d. \$29,723
18. What age is used to compute the taxable amount of the pension using the Simplified Method?
- a. 60
 - b. 115
 - c. 116
 - d. 117
19. How much of Kenneth and Martha's Advance Premium Tax Credit must be repaid?
- a. 0
 - b. \$2,700
 - c. \$5,325
 - d. \$21,613
20. How much should be entered as the amount previously recovered in the simplified method worksheet?
- a. \$0
 - b. \$25
 - c. \$200
 - d. \$300