

**Original Return**

- Jennifer Morrison date of birth 4/15/1975, divorced from her husband 7/23/2019.
- Her daughter, Carla Davis date of birth is 7/15/2002. She is a full-time undergraduate college student at Yuma University and lives off-campus. She spent \$300 dollars in books for class.
- Ollie Morrison, date of birth 3/12/2016.
- Jennifer received \$450 from her neighbor whom she tutored.



5345 N. Lincoln Ave  
Chicago, IL 60625  
312-555-0771



|  |  |  |  |  |  |  |  |   |  |                         |
|--|--|--|--|--|--|--|--|---|--|-------------------------|
| <b>a</b> Employee's social security number<br>601-00-1234  |  | 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</b> Employer identification number (EIN)<br>34-6006835  |  |  |  | <b>1</b> Wages, tips, other compensation<br>46200  |  | <b>2</b> Federal income tax withheld<br>3000     |  |   |  |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>GILMER ELEMENTARY SCHOOL<br>2250 S DELTA AVE<br>CHICAGO, IL 60614 |  |  |  | <b>3</b> Social security wages<br>46200  |  | <b>4</b> Social security tax withheld<br>2864.40 |  |   |  |                         |
|  |  |  |  | <b>5</b> Medicare wages and tips<br>46200  |  | <b>6</b> Medicare tax withheld<br>669.90         |  |   |  |                         |
|  |  |  |  | <b>7</b> Social security tips  |  | <b>8</b> Allocated tips                          |  |   |  |                         |
| <b>d</b> Control number  |  |  |  | <b>9</b>   |  | <b>10</b> Dependent care benefits                |  |   |  |                         |
| <b>e</b> Employee's first name and initial<br>JENNIFER   |  | Last name<br>MORRISON                      |  | Suff.  |  | <b>11</b> Nonqualified plans                     |  | <b>12a</b> See instructions for box 12  |  |                         |
| 5345 N. LINCOLN AVE<br>CHICAGO, IL 60625   |  |  |  | <b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |  | <b>12b</b>                                       |  |   |  |                         |
|  |  |  |  | <b>14</b> Other  |  | <b>12c</b>                                       |  |   |  |                         |
|  |  |  |  |  |  | <b>12d</b>                                       |  |   |  |                         |
| <b>f</b> Employee's address and ZIP code   |  |  |  |  |  |  |  |   |  |                         |
| <b>15</b> State Employer's state ID number<br>IL 34-6006835  |  | <b>16</b> State wages, tips, etc.<br>46200 |  | <b>17</b> State income tax<br>2000   |  | <b>18</b> Local wages, tips, etc.                |  | <b>19</b> Local income tax  |  | <b>20</b> Locality name |


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|  |   |  |  |  |
|--|---|--|--|--|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number<br><b>YUMA COLLEGE<br/>10 COLLEGE AVE<br/>ADDISON, IL 60101</b> |   | 1 Payments received for qualified tuition and related expenses<br>\$ <b>7200</b> | OMB No. 1545-1574<br><b>2022</b><br>Form <b>1098-T</b>   | <b>Tuition Statement</b><br><br><b>Copy C For Filer</b><br><br>For Privacy Act and Paperwork Reduction Act Notice, see the <b>2023 General Instructions for Certain Information Returns.</b> |
| FILER'S employer identification no.<br><b>37-7004512</b>   | STUDENT'S TIN<br><b>602-004567</b> <input type="checkbox"/> | 3  |  |  |
| STUDENT'S name<br><b>CARLA DAVIS</b>   |   | 4 Adjustments made for a prior year<br>\$  | 5 Scholarships or grants<br>\$ <b>4200</b>   |  |
| Street address (including apt. no.)<br><b>5345 N. LINCOLN AVE</b>  |   | 6 Adjustments to scholarships or grants for a prior year<br>\$                   | 7 Check if the amount in box 1 includes amounts for an academic period beginning January–March 2024 <input type="checkbox"/> |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>CHICAGO, IL 60625</b>   |   | 8 Check if at least half-time student <input checked="" type="checkbox"/>        | 9 Check if a graduate student <input type="checkbox"/>   |  |
| Service Provider/Acct. No. (see instr.)  |   | 10 Ins. contract reimb./refund<br>\$   |  |  |

Form **1098-T** [www.irs.gov/Form1098T](http://www.irs.gov/Form1098T) Department of the Treasury - Internal Revenue Service

**Amendment needed:**

- Jennifer realized she forgot to include a W-2 in her original return.
- During case review, we learned that her tutoring income of \$450 should have been a schedule C and not other income. Jennifer bought a course book \$60 to use for the tutoring sessions.
- The original return was e-filed 2/22/23 and she has received both federal and state refunds.

|   |   |   |                                    |   |  |   |     |
|---|---|---|------------------------------------|---|--|---|-----|
| a Employee's social security number<br><b>601-00-1234</b>   |   | OMB No. 1545-0008                         |                                    | Safe, accurate, FAST! Use  |  | Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> |     |
| b Employer identification number (EIN)<br><b>34-7006745</b>   |   |   |                                    | 1 Wages, tips, other compensation<br><b>5000</b>  | 2 Federal income tax withheld<br><b>1925</b> |   |     |
| c Employer's name, address, and ZIP code<br><b>CHICAGO PUBLIC SCHOOL<br/>300 N STATE ST<br/>CHICAGO, IL 60606</b> |   |   |                                    | 3 Social security wages<br><b>5000</b>  | 4 Social security tax withheld<br><b>310</b> |   |     |
|   |   |   |                                    | 5 Medicare wages and tips<br><b>5000</b>  | 6 Medicare tax withheld<br><b>72.5</b>       |   |     |
|   |   |   |                                    | 7 Social security tips  | 8 Allocated tips                             |   |     |
| d Control number  |   |   |                                    | 9   | 10 Dependent care benefits                   |   |     |
| e Employee's first name and initial<br><b>JENNIFER</b>  |   | Last name<br><b>MORRISON</b>              |                                    | 11 Nonqualified plans   |  | 12a See instructions for box 12   |     |
| 5345 N LINCOLN AVE<br>CHICAGO, IL 60625   |   |   |                                    | 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   |   |   |                                    |   |  |   |     |
| 15 State<br><b>IL</b>   | Employer's state ID number<br><b>34-7006745</b> | 16 State wages, tips, etc.<br><b>5000</b> | 17 State income tax<br><b>1200</b> | 18 Local wages, tips, etc.  | 19 Local income tax                          | 20 Locality name  |     |

Form **W-2 Wage and Tax Statement** **2022** 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.