

Original Return:

- Walter Rivers was born 07/08/1950 and recently retired.
- Beatrice Rivers was born 03/03/1958 and works at a juice bar.
- Both have health insurance through the state.
- Refund would like direct deposit at their Chase checking account:
RT: 071000013 ACCT: 789456123

2425 N. Magnolia Ave
Chicago, IL 60614
312-466-5555



| | | | | | | | |
|--|---|---|-------------------------------------|---|----------------------------|---|--|
| a Employee's social security number 556-00-9636 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | Visit the IRS website at www.irs.gov/efile | |
| b Employer identification number (EIN) 10-5007414 | | 1 Wages, tips, other compensation 32,550 | | 2 Federal income tax withheld 2,754 | | | |
| c Employer's name, address, and ZIP code MANGO TWIST 404 N 53RD ST CHICAGO, IL 60645 | | 3 Social security wages 32,550 | | 4 Social security tax withheld 2,018 | | | |
| | | 5 Medicare wages and tips 32,550 | | 6 Medicare tax withheld 472 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial BEATRICE | | Last name RIVERS | | Suff. | | 11 Nonqualified plans | |
| f Employee's address and ZIP code 2425 N MAGNOLIA ST CHICAGO, IL 60614 | | 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input checked="" type="checkbox"/> | | 12a See instructions for box 12 | |
| | | Third-party sick pay <input type="checkbox"/> | | 14 Other | | 12b | |
| | | | | | | 12c | |
| | | | | | | 12d | |
| 15 State IL | Employer's state ID number 105007414 | 16 State wages, tips, etc. 32,550 | 17 State income tax 2,350 | 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.

CORRECTED (if checked)

| | | | | | | | | | |
|---|--|--|--|--|---|---|---|--|------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GENERAL FUNDS 100 S MAY ST CHICAGO, IL 60659 | | | 1 Gross distribution \$ 15,880 | | OMB No. 1545-0119 2022 Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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 \$ 15880 | | | | 2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/> | | |
| PAYER'S TIN 38-6004684 | | RECIPIENT'S TIN 556-00-2024 | | 3 Capital gain (included in box 2a) \$ | | | 4 Federal income tax withheld \$ 1600 | | |
| RECIPIENT'S name WALTER RIVERS Street address (including apt. no.) 2425 N MAGNOLIA ST City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60614 | | | 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 \$ | | | | |
| 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 \$ |

Amendment Needed:

- After filing the original return, Walter and Beatrice realized they had missed filing a gambling winning W-2G form.
- They also misunderstood the paid preparer when they were asked if they had health insurance through the state. In reality, they had health insurance through Obamacare.

3232 VOID CORRECTED

| | | | |
|--|--|---|-------------------------------|
| PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code RIVERS CASINO 3000 S RIVER RD DES PLAINES 60018 | | 1 Reportable winnings | 2 Date won |
| | | \$ 2500 | 07/1/2022 |
| | | 3 Type of wager | 4 Federal income tax withheld |
| PAYER'S federal identification number PAYER'S telephone number 247007373 800-555-1523 | | SLOTS | \$ 250 |
| | | 5 Transaction | 6 Race |
| WINNER'S name WALTER RIVERS | | 7 Winnings from identical wagers | 8 Cashier |
| | | \$ | 475 |
| Street address (including apt. no.) 2425 N MAGNOLIA ST | | 9 Winner's taxpayer identification no. | 10 Window |
| | | 556-00-2024 | |
| City or town, province or state, country, and ZIP or foreign postal code CHICAGO IL 60614 | | 11 First identification | 12 Second identification |
| | | | |
| Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments. Signature ▶ | | 13 State/Payer's state identification no. | 14 State winnings |
| | | IL247247 | \$ 2500 |
| Date ▶ | | 15 State income tax withheld | 16 Local winnings |
| | | \$ 500 | \$ |
| Form W-2G (Rev. 1-2021) Cat. No. 10138V www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service | | 17 Local income tax withheld | 18 Name of locality |
| | | \$ | |

OMB No. 1545-0238
Form W-2G
Certain Gambling Winnings
 (Rev. January 2021)
 For calendar year 20 22

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

File with Form 1096

Copy A
For Internal Revenue Service Center

Part I Recipient Information

| | | | | |
|--|---|---|--|--|
| 1 Marketplace identifier | 2 Marketplace-assigned policy number | 3 Policy issuer's name | | |
| 4 Recipient's name WALTER RIVERS | 5 Recipient's SSN 556-00-2024 | 6 Recipient's date of birth 07/08/1956 | | |
| 7 Recipient's spouse's name BEATRICE RIVERS | 8 Recipient's spouse's SSN 556-00-9636 | 9 Recipient's spouse's date of birth 03/03/1950 | | |
| 10 Policy start date 1/1/2022 | 11 Policy termination date 12/31/2022 | 12 Street address (including apartment no.) 2425 N MAGNOLIA ST | | |
| 13 City or town CHICAGO | 14 State or province IL | 15 Country and ZIP or foreign postal code 60614 | | |

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 | WALTER RIVERS | 556-00-2024 | 07/08/1950 | 01/01/2022 | 12/31/2022 |
| 17 | BEATRICE RIVERS | 556-00-9636 | 03/03/1958 | 01/01/2022 | 12/31/2022 |
| 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 | \$446 | \$602 | \$388 |
| 22 February | \$446 | \$602 | \$388 |
| 23 March | \$446 | \$602 | \$388 |
| 24 April | \$446 | \$602 | \$388 |
| 25 May | \$446 | \$602 | \$388 |
| 26 June | \$446 | \$602 | \$388 |
| 27 July | \$446 | \$602 | \$388 |
| 28 August | \$446 | \$602 | \$388 |
| 29 September | \$446 | \$602 | \$388 |
| 30 October | \$446 | \$602 | \$388 |
| 31 November | \$446 | \$602 | \$388 |
| 32 December | \$446 | \$602 | \$388 |
| 33 Annual Totals | \$5,352 | \$7,224 | \$4,656 |