

Advanced Course Scenarios and Test Questions

Directions

The first six 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.** Assume that each taxpayer qualifies for credits or favorable tax treatment, unless the facts indicate otherwise.

For fill in the blank questions: Round to the nearest whole number, do not use special characters: dollar sign (\$), comma (,), or period(.).

Advanced Scenario 1: Joy Sunshine

Interview Notes

- Joy's husband, Peter, moved out of their home in March of 2023. Joy has had no contact with Peter since he moved out. Joy and Peter are not legally separated.
- Joy has one child, Valerie, age 10. She will claim Valerie as a dependent on her 2025 tax return.
- Joy is 31 years old.
- Joy earned \$46,000 in wages and received \$50 of interest. Joy had lottery winnings of \$2,000 reported on Form W-2G.
- Joy paid all the costs of keeping up her home. She provided over half of the support for Valerie.
- They all are U.S. citizens and have valid Social Security numbers. They lived in the U.S. all year.

Advanced Scenario 1: Test Questions

1. Joy qualifies for Head of Household filing status.
 - a. True
 - b. False
2. Who qualifies to claim the Earned Income Credit (EIC) also known as Earned Income Tax Credit (EITC) for Valerie?
 - a. Joy
 - b. Peter
 - c. Both Joy and Peter
 - d. Neither Joy nor Peter
3. Joy is **not** required to report her lottery winnings as income on her federal tax return.
 - a. True
 - b. False

Advanced Scenario 2: Matt and Megan Summer

Interview Notes

- Matt and Megan are married and want to file a joint return.
- Matt and Megan are both U.S. citizens and have valid Social Security numbers. They resided in the United States all year with their children.
- Matt and Megan have two children, Janice, age 8, and Jack, age 17. Janice and Jack are U.S. citizens and have valid Social Security numbers.
- Matt earned \$33,000 in wages.
- Megan earned \$21,000 in wages.
- In order to work, the Summers paid \$2,000 to their son, Jack, to care for Janice after school.
- Matt and Megan provided all of the support for their two children.

Advanced Scenario 2: Test Questions

4. For which children can Matt and Megan claim the Child Tax Credit (CTC).
 - a. Jack
 - b. Janice
 - c. Both Jack and Janice
 - d. Neither Jack nor Janice
5. The Summers qualify for the Child and Dependent Care Credit
 - a. True
 - b. False

Advanced Scenario 3: Nancy James

Interview Notes

- Nancy James, age 58, is single.
- Nancy earned wages of \$51,000 and was enrolled the entire year in a high deductible health plan (HDHP) with self-only coverage.
- During the year, Nancy contributed \$2,100 to her Health Savings Account (HSA), and her mother also contributed \$1,000 to Nancy's HSA.
- Nancy's Form W-2 shows \$1,200 in Box 12 with code W. She has Form 5498-SA showing \$4,300 in Box 2.
- Nancy has Form 1099-SA showing her HSA distributions. She used her distributions to pay the following unreimbursed expenses:
 - \$600 for nine visits to a physical therapist after her knee surgery
 - \$1,200 unreimbursed doctor bills
 - \$320 prescription medicine
 - \$1,600 replacement of a crown
 - \$500 deep cleaning for teeth
 - \$40 over the counter medication
 - \$260 gym membership (for her general health and fitness)
- Nancy is a U.S. citizen with a valid Social Security number.

Advanced Scenario 3: Test Questions

6. Nancy is eligible to contribute an additional \$_____ to her HSA because she is age 55 or older.
- a. \$0
 - b. \$1,000
 - c. \$1,100
 - d. \$2,000
7. Form 8889, Part I is used to report HSA contributions made by _____.
- a. Nancy
 - b. Nancy's employer
 - c. Nancy's mother
 - d. All of the above
8. What is the total unreimbursed qualified medical expenses reported on Form 8889, Part II?
- a. \$3,620
 - b. \$4,220
 - c. \$4,260
 - d. \$4,520

Advanced Scenario 4: Alexa Rice

Interview Notes

- Alexa, age 62, is single. She owns her home and provided all the costs of keeping up her home for the entire year. Her only income for 2025 was \$48,700 in W-2 wages.
- Amy, age 24, and her daughter Lillian, age 5, have lived with Amy's mother, Alexa, since Amy separated from her spouse in May of 2024. Amy's only income for 2025 was \$24,000 in wages. Amy provided over half of her own support. Lillian did not provide more than half of her own support.
- Amy will not file a joint return with her spouse.
- All individuals in the household are U.S. citizens with valid Social Security numbers. No one has a disability. They lived in the United States all year.

Advanced Scenario 4: Test Questions

9. Which of the following statements is true:

- a. Amy may **not** claim Lillian as a dependent since Alexa paid all of their housing costs.
- b. Alexa may claim Lillian as a dependent if Amy chooses not to claim her.
- c. Only Alexa may claim Lillian as a dependent since her income is higher than Amy's income.
- d. Only Amy may claim Lillian as a dependent since Lillian is her daughter.

10. Amy is eligible to claim Lillian for the Earned Income Credit.

- a. True
- b. False

Advanced Scenario 5: Julia Jacobs

Interview Notes

- Julia is 54 years old and files as single.
- Her 2025 adjusted gross income (AGI) is \$52,000, which includes gambling winnings of \$3,000.
- Julia would like to itemize her deductions on Form 1040 Schedule A this year.
- Julia brings documents for the following items:
 - \$10,500 hospital and doctor bills
 - \$800 contributions to Health Savings Account (HSA)
 - \$3,600 state withholding (higher than Julia's calculated state sales tax deduction)
 - \$200 personal property taxes based on the value of the vehicle
 - \$700 friend's personal GoFundMe campaign
 - \$500 cash contributions to the Red Cross
 - \$200 fair market value of clothing (in good used condition) donated to the Salvation Army (Julia purchased the clothing for \$900)
 - \$7,300 mortgage interest
 - \$2,300 real estate tax
 - \$1,500 Mortgage Insurance Premiums
 - \$2,000 gambling losses

Advanced Scenario 5: Test Questions

11. Julia can claim the \$1,500 Mortgage Insurance Premiums as a deduction on her Form 1040, Schedule A.
 - a. True
 - b. False
12. What amount of gambling losses is Julia eligible to claim as a deduction on her Form 1040, Schedule A?
 - a. \$0
 - b. \$1,000
 - c. \$2,000
 - d. \$3,000

Advanced Scenario 6: Carlos Carter

Interview Notes

- Carlos Carter is 28 years old and single. He provides all of his own support.
- Carlos works at a gas station and earned \$18,500 in wages.
- Carlos took two management courses at a community college to improve his job skills. He was less than a half-time student. He wants to know if that qualifies for any educational tax benefit.
- Carlos took two early distributions from his IRA which had a balance of \$5,000. One was \$2,000 for tuition, and the other was \$750 for emergency car repairs. This is the first time he has taken a distribution from his IRA.
- Carlos is a U.S. citizen and lived in the U.S. for the entire year. He has a valid Social Security number.

Advanced Scenario 6: Test Questions

13. Carlos is eligible to claim the American Opportunity Credit on his 2025 tax return.
- a. True
 - b. False
14. For which of the following IRA distributions will Carlos owe an additional tax of 10%?
- a. \$2,000 for tuition
 - b. \$750 for emergency car repairs
 - c. Both a and b
 - d. Neither a nor b

Advanced Scenario 7: Martin and Yvette Willis

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.



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

- Martin is a 5th grade teacher at a public school. Martin and Yvette are married and choose to file Married Filing Jointly on their 2025 tax return.
- Martin worked a total of 1,600 hours in 2025. During the school year, he spent \$275 on unreimbursed classroom expenses.
- Yvette retired in 2022 and began receiving her pension on November 1st of that year. She explains that this is a joint and survivor annuity. She has already recovered \$1,259 of the cost of the plan.
- Martin settled with his credit card company on an outstanding bill and brought the Form 1099-C to the site. They aren't sure how it will impact their tax return for tax year 2025. The Willises determined that they were solvent as of the date of the canceled debt.
- Yvette won \$500 from a prize drawing.
- Their daughter, Abbey, is in her second year of college pursuing a bachelor's degree in Physics at a qualified educational institution. She received a scholarship, and the terms require that it be used to pay tuition. The Willises provided Form 1098-T and an account statement from the college that included additional expenses. On Form 1098-T for the previous tax year, Box 7 was not checked. The Willises paid \$1,500 for books and equipment required for Abbey's courses. This information is also included on the college statement of account. The Willises claimed the American Opportunity Credit last year for the first time.
- Abbey does not have a felony drug conviction.
- They are all U.S. citizens with valid Social Security numbers.



Form 13614-C (March 2025)		Department of the Treasury - Internal Revenue Service				OMB Number 1545-1964	
Intake/Interview and Quality Review Sheet							
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						• Complete pages 1-5 of this form. • You are responsible for the information on your return. Provide complete and accurate information. • If you have questions, 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 ts.voltax@irs.gov							
Your first name MARTIN		M.I. WILLIS	Last name WILLIS	Your date of birth 05/01/1964	Your job title TEACHER		
Spouse's first name YVETTE		M.I. WILLIS	Last name WILLIS	Spouse's date of birth 10/08/1955	Spouse's job title RETIRED		
Mailing address 1234 CHARITY AVENUE		Apt #	City YOUR CITY	State YS	ZIP code YOUR ZIP		
Your telephone number YOUR PHONE NUMBER		Spouse's telephone number		Email address (optional) Did you live or work in two or more states in 2024 ☐ Yes ☒ No			
Check if you or your spouse were in 2024:							
A U.S. citizen		☒ You	☒ Spouse	☐ No	Legally blind	☐ You	☐ Spouse
In the U.S. on a visa		☐ You	☐ Spouse	☒ No	Totally and permanently disabled	☐ You	☐ Spouse
A full-time student		☐ You	☐ Spouse	☒ No	Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse
					Owners or holders of any digital assets	☐ You	☐ Spouse
If due a refund, how would you like your refund							
☒ Direct deposit		☐ Check by mail	If you have a balance due, how would you like to make your payment				
☐ Split refund between accounts		☐ Other	☐ IRS.gov Direct Pay				
Would you like to receive written communications from the IRS in a language other than English		☒ Set up installment agreement					
What language		☐ You ☐ Spouse ☒ No					
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund		☒ Yes ☐ No					
As of December 31, 2024, what was your marital status		☐ Never Married ☒ Married					
		If married, were you married for all of 2024 ☒ Yes ☐ No					
		Did you live with your spouse during any part of the last six months of 2024 ☒ Yes ☐ No					
☐ Divorced		☐ Legally Separated but not Divorced ☐ Widowed					
Date of final decree		Date of separate maintenance decree Year of spouse's death					
To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No							
To be completed by certified volunteer (Yes, No, or N/A)							
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.		Answer Yes or No (Y/N)			Taxpayer(s) paid more than half the cost of maintaining a home for this person		
Name (first, last)		Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico
ABBEY WILLIS		07/05/2005	DAUGHTER	12	S	YES	YES
Catalog Number 52121E		Form 13614-C (Rev. 3-2025)					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**Received money from any of the following in 2024:**

☒ (B) Wages as a part-time or full-time employee
How many jobs 1 _____

☐ (B/A) Tips

☒ (B/A) Retirement account, pension or annuity proceeds

☐ (B) Disability benefits (such as payments from insurance and worker's compensation)

☒ (B) Social Security or Railroad Retirement Benefits

☐ (B) Unemployment benefits

☐ (B) Refund of state or local income tax

☐ (B) Interest or dividends (bank account, bonds, etc.)

☐ (A) Sale of stocks, bonds or real estate

Did you report a loss on last year's return ☐ Yes ☒ No

☐ (B) Alimony

☐ (A/M) Income from renting out your house or a room in your house
If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No

☐ Income from renting personal property such as a vehicle

☐ (B) Gambling winnings, including lottery

☐ (A) Payments for contract or self-employment work

Did you report a loss on last year's return ☐ Yes ☒ No

☒ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits) **This is for Yvette's prize drawing**

(To be completed by certified volunteer) Income to be included

☐ (B) W-2s # _____

☐ (B/A) Tips (Basic when reported on W2)

☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____

☐ (A) Qualified Charitable Distribution From 1099-R \$ _____

☐ (B) Disability benefits on 1099-R or W-2 # _____

☐ (B) SSA-1099, RRB-1099 # _____

☐ (B) 1099-G # _____

☐ (B) Refund \$ _____

☐ (B) Itemized last year ☐ Yes ☐ No

☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____

☐ (A) 1099-B (include brokerage statement) # _____

☐ Capital loss carryover ☐ Yes ☐ No

☐ (B) Alimony \$ _____

Excluded from income ☐ Yes ☐ No

☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)

☐ Rental expense \$ _____

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____

☐ (A) Schedule C

☐ 1099-MISC # _____

☐ 1099-NEC # _____

☐ 1099-K # _____

☐ Other income reported elsewhere

☐ Schedule C expenses \$ _____

☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**Paid any of the following expenses to itemize in 2024?**

- ☐ (A) Mortgage Interest
- ☒ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, dental, prescription expenses
- ☐ (A) Charitable contributions

(To be completed by certified volunteer) Standard or Itemized Deductions

- ☐ (A) 1098 # _____
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Notes/Comments

Paid any of these expenses in 2024?

- ☐ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☒ (B/A) Contributions to a retirement account
- ☒ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

(To be completed by certified volunteer) Expenses to report

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (B/A) IRA (Basic if a Roth IRA or 401K)
- ☐ (B) Educator expenses deduction \$ _____
- ☐ (B) Alimony payments with spouse's SSN Adjustment to income ☐ Yes ☐ No

Notes/Comments

Did any of the following happen during 2024?

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☒ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ (A) Have a loss related to a declared Federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes

(To be completed by certified volunteer) Information to report

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ (A) HSA contributions ☐ (A) HSA distributions
- ☐ (A) 1095-A
- ☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ (B) Estimated tax payments
- ☐ (B) Last year's refund applied to this year
- ☐ Last year's return available

Notes/Comments

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 3-2025)

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☒ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☒ No	☐ Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is your spouse's race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE-TS:CAR-MP:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

22222		a Employee's social security number 416-00-XXXX		OMB No. 1545-0029	
b Employer identification number (EIN) 35-700XXXX			1 Wages, tips, other compensation \$39,353.00		2 Federal income tax withheld \$3,500.00
c Employer's name, address, and ZIP code ROOSEVELT SCHOOL DISTRICT 244 HARVARD STREET YOUR CITY, YOUR STATE, ZIP			3 Social security wages \$41,353.00		4 Social security tax withheld \$2,563.89
			5 Medicare wages and tips \$41,353.00		6 Medicare tax withheld \$599.62
			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. MARTIN WILLIS 1234 CHARITY AVENUE YOUR CITY, YOUR STATE, ZIP			11 Nonqualified plans		12a D \$2,000.00
			13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID number YS 57-200XXXX	16 State wages, tips, etc. \$39,353.00	17 State income tax \$600	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Copy 1 — For State, City, or Local Tax Department

2025

Department of the Treasury—Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LIBERTY ENTERPRISES 225 ONEIDA AVENUE YOUR CITY, YOUR STATE, ZIP		1 Gross distribution \$ 22,100.00		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$					
PAYER'S TIN 41-200XXXX		RECIPIENT'S TIN 417-00-XXXX		2b Taxable amount not determined ☒ Total distribution ☐		Copy 1 For State, City, or Local Tax Department	
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,210.00					
RECIPIENT'S name YVETTE WILLIS Street address (including apt. no.) 1234 CHARITY AVENUE 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 ☐	8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$ 15,000.00			
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	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

☐ CORRECTED

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 name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number CLARK COMMUNITY COLLEGE 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP		1 Payments received for qualified tuition and related expenses \$ 5,722.00 2	OMB No. 1545-1574 2025 Form 1098-T
FILER'S employer identification no. 38-800XXXX	STUDENT'S TIN 608-00-XXXX	3	
STUDENT'S name ABBAY WILLIS		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 3,202.00
Street address (including apt. no.) 1234 CHARITY AVENUE		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 2026 ☐
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP			
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund \$

Form **1098-T**

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service



Clark Community College

Statement of Account

December 31, 2025

Abbey Willis

STUDENT ID: 608-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2025	Tuition – Fall Semester 2025	+\$5,722.00	
08/30/2025	Scholarship		-\$3,202.00
09/03/2025	Parking pass	+\$400.00	
09/04/2025	Campus Bookstore charge to student account for course-related books	+\$1,500.00	
09/05/2025	Payment – check #4321		-\$4,420.00

12/31/2025 Account Balance.....\$0.00

Martin and Yvette Willis
1234 Charity Avenue
YOU CITY, YOUR STATE, ZIP

1234

PAY TO THE
ORDER OF

20

\$

DOLLARS

New Bank and Trust
Anytown, State 00000

For

: 111000025 : 123456789

1234

VOID

Advanced Scenario 7: Test Questions

15. What is the taxable portion of Yvette's pension from Liberty Enterprises using the simplified method?
- a. \$0
 - b. \$19,519.00
 - c. \$21,519.00
 - d. \$22,100.00
16. The Willises are **not** eligible to claim the Credit for Other Dependents on their tax return.
- a. True
 - b. False
17. What is the total amount of other income reported on the Willises' Form 1040 Schedule 1?
- a. \$0
 - b. \$500
 - c. \$850
 - d. \$1,350
18. Martin is eligible to deduct qualified educator expenses in the amount of \$_____ (Note: whole number only, do not use special characters.)
19. A higher standard deduction is available when the taxpayer is _____.
- a. age 65 or older
 - b. totally and permanently disabled
 - c. legally blind
 - d. Both a and c
20. Which of the following expenses do **not** qualify for the American Opportunity Credit?
- a. Required course related books and equipment
 - b. Tuition
 - c. Parking pass
 - d. Both a and b
21. The taxable amount of Yvette's Social Security income as reported on their Form 1040 is:
- a. \$0
 - b. \$19,826
 - c. \$20,822
 - d. \$24,496
22. What is the Willises' total federal income tax withholding?
- a. \$3,500
 - b. \$5,710
 - c. \$5,950
 - d. \$8,160

Advanced Scenario 8: Jocelyn Jones

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.

 *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

- Jocelyn is a paralegal, age 26, and single.
- Jocelyn has investment income and a consolidated broker's statement.
- Jocelyn is self-employed delivering meals for Fast Eats on the weekends. She received a Form 1099-NEC and a Form 1099-K. She received additional cash payments of \$750 none of which were tips.
- Jocelyn uses the cash method of accounting. She uses business code 492000.
- Jocelyn provided a statement from Fast Eats indicating the fees paid for the year. These fees are considered ordinary and necessary for the food delivery business:
 - \$180 for insulated box rental
 - \$50 for vehicle safety inspection (required by Fast Eats)
 - \$700 for Fast Eats fees
- Jocelyn also kept receipts for the following out-of-pocket expenses:
 - \$120 for tolls while making deliveries
 - \$500 for traffic ticket
 - \$320 for Jocelyn's lunches
- Jocelyn's record keeping application shows she has driven a total of 2,500 miles during and between deliveries.
 - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 2025 was 12,500 miles. Of that, 10,000 miles were personal and commuting miles. Jocelyn will take the standard business mileage rate.
- Jocelyn is paying on her student loan from 2019, when she completed her undergraduate degree.
- Jocelyn is working towards her Juris Doctorate degree to start a new career as a lawyer.
- She took a few college courses this year at an accredited college.
- Jocelyn took an early distribution of \$5,000 from her IRA in April. She used \$2,600 of the IRA distribution to pay her educational expenses for the current year. She has never made any non-deductible contributions to her IRA.
- If Jocelyn has a refund, she would like it deposited into her checking account.



Intake/Interview and Quality Review Sheet

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
- You are responsible for the information on your return. Provide complete and accurate information.
 - If you have questions, 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 ts.voltax@irs.gov

Your first name JOCELYN	M.I. JONES	Last name JONES	Your date of birth 03/08/1999	Your job title PARALEGAL
Spouse's first name		Last name	Spouse's date of birth	Spouse's job title
Mailing address 160 UNIVERSITY DRIVE		Apt #	City YOUR CITY	State YS
Your telephone number YOUR PHONE NUMBER	Spouse's telephone number		ZIP code YOUR ZIP	
Did you live or work in two or more states in 2024 ☐ Yes ☒ No				

Check if you or your spouse were in 2024:				Legally blind			
A U.S. citizen	☒ You	☐ Spouse	☐ No	☐ You	☐ Spouse	☒ No	☐ Spouse
In the U.S. on a visa	☐ You	☐ Spouse	☐ No	☐ You	☐ Spouse	☒ No	☐ Spouse
A full-time student	☐ You	☐ Spouse	☒ No	☐ You	☐ Spouse	☒ No	☐ Spouse
				Totally and permanently disabled			
				Issued an identity protection PIN (IPPIN)			
				Owners or holders of any digital assets			

If due a refund, how would you like your refund		If you have a balance due, how would you like to make your payment	
☒ Direct deposit	☐ Check by mail	☐ Bank account	☐ IRS.gov Direct Pay
☐ Split refund between accounts	☐ Other	☐ Set up installment agreement	☒ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English
What language

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund

☒ You ☐ Spouse ☐ No

As of December 31, 2024, what was your marital status

☒ Never Married	☐ Married	If married, were you married for all of 2024	☐ Yes	☐ No
		Did you live with your spouse during any part of the last six months of 2024	☐ Yes	☐ No

☐ **Divorced** Date of final decree ☐ **Legally Separated but not Divorced** Date of separate maintenance decree ☐ **Widowed** Year of spouse's death

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return

☐ Yes ☐ No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.	Answer Yes or No (Y/N)	To be completed by certified volunteer (Yes, No, or N/A)

[illegible]

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**Received money from any of the following in 2024: (To be completed by certified volunteer) Income to be included Notes/Comments**

☒ (B) Wages as a part-time or full-time employee How many jobs 1 _____	☐ (B) W-2s # _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☒ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (A) Qualified Charitable Distribution From 1099-R \$ _____ ☐ (B) Disability benefits on 1099-R or W-2 # _____	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☒ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☒ No	☐ (A) 1099-B (include brokerage statement) # _____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house if yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No ☐ Income from renting personal property such as a vehicle	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____ ☐ Rental expense \$ _____	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☒ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☒ No	☐ (A) Schedule C # _____ ☐ 1099-MISC # _____ ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Other income reported elsewhere \$ _____ ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**Paid any of the following expenses to itemize in 2024?**

- ☐ (A) Mortgage Interest
- ☒ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, dental, prescription expenses
- ☐ (A) Charitable contributions

(To be completed by certified volunteer) Standard or Itemized Deductions

- ☐ (A) 1098 # _____
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024?

- ☒ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☒ (B/A) Contributions to a retirement account
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

(To be completed by certified volunteer) Expenses to report

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (B/A) IRA (Basic if a Roth IRA or 401K)
- ☐ (B) Educator expenses deduction \$ _____
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Did any of the following happen during 2024?

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ (A) Have a loss related to a declared Federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes

(To be completed by certified volunteer) Information to report

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction

Notes/Comments

- ☐ (A) Sale of home (1099-S)
- ☐ (A) HSA contributions ☐ (A) HSA distributions
- ☐ (A) 1095-A
- ☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ (B) Estimated tax payments
- ☐ (B) Last year's refund applied to this year
- ☐ Last year's return available

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☒ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☒ No	☐ Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is your spouse's race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/system-of-records/records-notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NEW BANK, CUSTODIAN FOR TRADITIONAL IRA OF JOCELYN JONES 300 MARIN STREET YOUR CITY, YOUR STATE, ZIP		1 Gross distribution \$ 5,000.00		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 5,000.00					
		2b Taxable amount not determined ☒		Total distribution ☐			
PAYER'S TIN 48-200XXXX	RECIPIENT'S TIN 605-00-XXXX	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 500.00		Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name JOCELYN JONES Street address (including apt. no.) 160 UNIVERSITY DRIVE 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) 1		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 ☐	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

22222		a Employee's social security number 605-00-XXXX		OMB No. 1545-0029			
b Employer identification number (EIN) 35-800XXXX				1 Wages, tips, other compensation \$ \$42,700.00		2 Federal income tax withheld \$ \$3,300.00	
c Employer's name, address, and ZIP code WE WIN ASSOCIATES 200 VENTURA BLVD YOUR CITY, YOUR STATE, ZIP				3 Social security wages \$ \$43,700.00		4 Social security tax withheld \$ \$2709.40	
				5 Medicare wages and tips \$ \$43,700.00		6 Medicare tax withheld \$ \$633.65	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial JOCELYN		Last name JONES		Suff.		11 Nonqualified plans	
160 UNIVERSITY DRIVE YOUR CITY, YOUR STATE, ZIP		f Employee's address and ZIP code		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12a D \$ \$1,000.00	
				14 Other		12b	
				12c			
12d		15 State Employer's state ID number YS 57-300XXXX		16 State wages, tips, etc. \$ \$42,700.00		17 State income tax \$ \$820	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name			

Form **W-2** Wage and Tax Statement
Copy 1 — For State, City, or Local Tax Department

2025

Department of the Treasury — Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

FAST EATS
123 LILAC AVENUE
YOUR CITY, YOUR STATE, ZIP

OMB No. 1545-0116

Form **1099-NEC**

(Rev. April 2025)

For calendar year

2025

**Nonemployee
Compensation**

PAYER'S TIN

63-400XXXX

RECIPIENT'S TIN

605-00-XXXX

1 Nonemployee compensation

\$ **1,000**

RECIPIENT'S name

JOCELYN JONES

Street address (including apt. no.)

160 UNIVERSITY DRIVE

City or town, state or province, country, and ZIP or foreign postal code

YOUR CITY, YOUR STATE, ZIP

Account number (see instructions)

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

\$

4 Federal income tax withheld

\$

5 State tax withheld

\$

6 State/Payer's state no.

\$

**Copy 1
For State Tax
Department**

7 State income

\$

Form **1099-NEC** (Rev. 4-2025)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

FAST EATS
123 LILAC AVENUE
YOUR CITY, YOUR STATE, ZIP

FILER'S TIN

63-400XXXX

PAYEE'S TIN

605-00-XXXX

1a Gross amount of payment card/third party network transactions
\$ **8,225.00**

1b Card Not Present transactions

\$

3 Number of payment transactions
325

5a January

\$ **700.00**

5c March

\$ **900.00**

5e May

\$ **700.00**

5g July

\$ **500.00**

5i September

\$ **750.00**

5k November

\$ **900.00**

6 State

\$

OMB No. 1545-2205

Form **1099-K**

(Rev. March 2024)

For calendar year

2025

**Payment Card and
Third Party
Network
Transactions**

Check to indicate if FILER is a (an):

Payment settlement entity (PSE) ☐
Electronic Payment Facilitator (EPF)/Other third party ☒

Check to indicate transactions reported are:

Payment card ☐
Third party network ☒

PAYEE'S name

JOCELYN JONES

Street address (including apt. no.)

160 UNIVERSITY DRIVE

City or town, state or province, country, and ZIP or foreign postal code

YOUR CITY, YOUR STATE, ZIP

PSE'S name and telephone number

Account number (see instructions)

2 Merchant category code

\$

4 Federal income tax withheld
\$

5b February

\$ **750.00**

5d April

\$ **775.00**

5f June

\$ **350.00**

5h August

\$ **450.00**

5j October

\$ **700.00**

5l December

\$ **750.00**

7 State identification no.

\$

**Copy 1
For State Tax
Department**

8 State income tax withheld

\$



Note: She also received \$750 in cash payments per the interview notes.

XYZ Investments

456 Pima Plaza
Your City, YS, ZIP

2025 TAX REPORTING STATEMENT

Jocelyn Jones
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

Form 1099-DIV* 2025 Dividends and Distributions

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

1a	Total Ordinary Dividends	300.00
1b	Qualified Dividends	225.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	350.00
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
2e	Section 897 Ordinary Dividends	0.00
2f	Section 897 Capital Gains	0.00
2	Nondividend Distributions	0.00
3	Nondividend Distributions	0.00
4	Federal Income Tax Withheld	0.00
5	Section 199A Dividends	32.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	0.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Noncash Liquidation Distributions	0.00
11	FATCA Filing Requirement	
12	Exempt Interest Dividends	0.00
13	Specified Private Activity Bond Interest Dividends	0.00
14	State	YS
15	State Identification No.	01-XXXXXXX
16	State Tax Withheld	0.00

Form 1099-MISC* 2025 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* 2025 Interest Income

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

1	Interest Income	50.00
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	0.00
8	Tax-Exempt Interest	0.00
9	Specified Private Activity Bond Interest	0.00
14	Tax-Exempt Bond CUSIP No.	

Summary of 2025 Proceeds From Broker and Barter Exchange Transactions

Sales Price of Stocks, Bonds, etc.	5,100.00
Federal Income Tax Withheld	0.00

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.

XYZ Investments

456 Pima Plaza
Your City, YS, ZIP

2025 TAX REPORTING STATEMENT

Jocelyn Jones
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

FORM 1099-B* 2025 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	1b Date Acquired	1c Date sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain / Loss (-)	1g Wash Sale Loss Disallowed	4 Federal Income Tax Withheld	14 State State	15 State Tax Withheld
Nebraska Co. Common Stock										
Sale	01/20/2025	02/27/2025	200.000	2,000.00	1,800.00	200.00				
TOTALS				2,000.00	1,800.00					

FORM 1099-B* 2025 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	1b Date Acquired	1c Date sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain / Loss (-)	1g Wash Sale Loss Disallowed	4 Federal Income Tax Withheld	14 State State	15 State Tax Withheld
Iowa Co. Common Stock										
Sale	10/12/2008	10/31/2025	200.000	3,100.00	4,000.00	(900.00)				
TOTALS				3,100.00	4,000.00					

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.

Page 2 of 2

☐ CORRECTED (if checked)			
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number FINANCIAL AND PARTNERS 305 WASHINGTON DR YOUR CITY, YOUR STATE, ZIP			OMB No. 1545-1576 2025 Form 1098-E
Student Loan Interest Statement			
RECIPIENT'S TIN 38-800XXXX	BORROWER'S TIN 605-00-XXXX	1 Student loan interest received by lender \$ 3,750.00	Copy B For Borrower 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name JOCELYN JONES		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 ☐	
Street address (including apt. no.) 160 UNIVERSITY DRIVE			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP			
Account number (see instructions)			
Form 1098-E (keep for your records) www.irs.gov/Form1098E 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 MERCURY COLLEGE 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP			OMB No. 1545-1574 2025 Form 1098-T
Tuition Statement			
FILER'S employer identification no. 37-700XXXX	STUDENT'S TIN 605-00-XXXX	1 Payments received for qualified tuition and related expenses \$ 2,600.00	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.
STUDENT'S name JOCELYN JONES		2	
Street address (including apt. no.) 160 UNIVERSITY DRIVE		3	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		4 Adjustments made for a prior year \$ 	
Service Provider/Acct. No. (see instr.)		5 Scholarships or grants \$ 	
Checked if at least half-time student ☐		6 Adjustments to scholarships or grants for a prior year \$ 	
Checked if a graduate student ☒		7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 ☐	
8		9	10 Ins. contract reimb./refund \$
Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service			

Jocelyn Jones

160 University Drive

YOUR CITY, YOUR STATE, YOUR ZIP

1234

20

PAY TO THE
ORDER OF

\$

DOLLARS

New Bank and Trust
Anytown, State 00000

For

: 111000025 : 123456789

1234

VOID

Advanced Scenario 8: Test Questions

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.

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

23. The net short-term capital gain reported on Jocelyn's Schedule D is \$_____.
(Note: whole number only, do not use special characters.)
24. Which of the following can be claimed as a business expense on Jocelyn's Schedule C?
- a. Lunches
 - b. Traffic Ticket
 - c. Tolls
 - d. All of the above
25. Jocelyn can take a student loan interest deduction of \$2,500.
- a. True
 - b. False
26. What is the total standard mileage deduction for Jocelyn's business on Schedule C?
- a. \$525
 - b. \$1,750
 - c. \$2,010
 - d. \$2,500
27. The amount of Jocelyn's Lifetime Learning Credit is \$480.
- a. True
 - b. False
28. What is Jocelyn's additional 10% tax on the early withdrawal from her IRA on Form 1040 Schedule 2, Part II??
- a. \$0
 - b. \$240
 - c. \$260
 - d. \$500
29. To avoid having a balance due next year, Jocelyn can use the IRS withholding estimator to calculate her tax liability and submit a new Form W-4 to increase her tax withholding.
- a. True
 - b. False

Advanced Scenario 9: Carl Graves

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.

 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

- Carl is age 41 and was widowed in July, 2023. He has a daughter, Lilly, age 9, who lived with him the entire year.
- Carl provided the entire cost of maintaining the household and over half of the support for Lilly. In order to work, he pays childcare expenses to Southside Daycare.
- Carl purchased health insurance for himself and his daughter through the Marketplace. He received a Form 1095-A.
- Carl and Lilly are U.S. citizens and lived in the United States all year in 2025.



Intake/Interview and Quality Review Sheet**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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name CARL	M.I.	Last name GRAVES	Your date of birth 04/12/1984	Your job title JANITOR
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title
Mailing address 200 SKY WAY	Apt #	City YOUR CITY	State YS	ZIP code YOUR ZIP
Your telephone number YOUR PHONE NUMBER	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024 ☐ Yes ☒ No	

Check if you or your spouse were in 2024:

A U.S. citizen ☒ You ☐ Spouse ☐ No ☐ You ☐ Spouse ☒ No

In the U.S. on a visa ☐ You ☐ Spouse ☒ No ☐ You ☐ Spouse ☒ No

A full-time student ☐ You ☐ Spouse ☒ No ☐ You ☐ Spouse ☒ No

If due a refund, how would you like your refund

☐ Direct deposit ☒ Check by mail

☐ Split refund between accounts ☐ Other _____

If you have a balance due, how would you like to make your payment

☐ Bank account ☐ IRS.gov Direct Pay

☐ Set up installment agreement ☒ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English

☐ You ☐ Spouse ☒ No

What language _____

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund

☒ You ☐ Spouse ☐ No

As of December 31, 2024, what was your marital status

☐ **Never Married**☐ **Married** If married, were you married for all of 2024

Did you live with your spouse during any part of the last six months of 2024

☐ Yes ☐ No☐ **Divorced** **Legally Separated but not Divorced**☒ **Widowed**

Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 2023

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return☐ Yes ☐ NoList the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Answer Yes or No (Y/N)

To be completed by certified volunteer
(Yes, No, or N/A)

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
LILLY GRAVES	07/24/2016	DAUGHTER	12	S	YES	YES	YES	NO	NO					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**Received money from any of the following in 2024:** (To be completed by certified volunteer) Income to be included Notes/Comments

☒ (B) Wages as a part-time or full-time employee How many jobs 1 _____	☐ (B) W-2s # _____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____	
	☐ (A) Qualified Charitable Distribution From 1099-R \$ _____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # _____	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # _____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # _____	
☐ (B) Refund of state or local income tax	☐ (B) Refund \$ _____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____	
☐ (A) Sale of stocks, bonds or real estate	☐ (A) 1099-B (include brokerage statement) # _____	
Did you report a loss on last year's return ☐ Yes ☐ No	☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony \$ _____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____ ☐ Rental expense \$ _____	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
☐ (A) Payments for contract or self-employment work	☐ (A) Schedule C	
Did you report a loss on last year's return ☐ Yes ☐ No	☐ 1099-MISC # _____ ☐ 1099-NEC # _____ ☐ 1099-K # _____ ☐ Other income reported elsewhere ☐ Schedule C expenses \$ _____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # _____	
☒ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☐ (A) Charitable contributions		
Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☒ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☒ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction \$ _____	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income ☐ Yes ☐ No	
Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☒ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ (B) Estimated tax payments ☐ (B) Last year's refund applied to this year ☐ Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
2. Would you say you can read a newspaper in English ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
3. Do you or any member of your household have a disability ☐ Yes ☒ No ☐ Prefer not to answer
4. Are you or your spouse a Veteran of the U.S. Armed Forces ☐ Yes ☐ No ☐ Prefer not to answer

5. What is your race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is your spouse's race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24-030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional Notes/Comments

[illegible]

22222		a Employee's social security number 328-00-XXXX		OMB No. 1545-0029					
b Employer identification number (EIN) 34-800XXXX				1 Wages, tips, other compensation \$37,000.00	2 Federal income tax withheld \$1,500.00				
c Employer's name, address, and ZIP code ROSEWOOD SCHOOL DISTRICT 1452 ROOSEVELT CIRCLE YOUR CITY, YOUR STATE, ZIP				3 Social security wages \$38,500.00	4 Social security tax withheld \$2,387.00				
				5 Medicare wages and tips \$38,500.00	6 Medicare tax withheld \$558.25				
				7 Social security tips	8 Allocated tips				
d Control number				9	10 Dependent care benefits				
e Employee's first name and initial CARL		Last name GRAVES		Suff.		11 Nonqualified plans	12a D \$1,500		
						13 Statutory employee ☐	Retirement plan ☒	Third-party sick pay ☐	12b
						14 Other			12c
									12d
f Employee's address and ZIP code									
15 State YS	Employer's state ID number 57-200XXXX	16 State wages, tips, etc. \$37,000.00	17 State income tax \$600	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2025

Department of the Treasury—Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NEW BANK AND TRUST 8020 YONKERS BLVD YOUR CITY, YOUR STATE, ZIP		Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January 2024)	
		1 Interest income \$ 160.00		For calendar year 2025	
		2 Early withdrawal penalty \$ 32.00			
PAYER'S TIN 22-700XXXX	RECIPIENT'S TIN 328-00-XXXX		3 Interest on U.S. Savings Bonds and Treasury obligations \$		Interest Income Copy 1 For State Tax Department
RECIPIENT'S name CARL GRAVES Street address (including apt. no.) 200 SKY WAY City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		4 Federal income tax withheld \$	5 Investment expenses \$		
		6 Foreign tax paid \$	7 Foreign country or U.S. territory		
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
		10 Market discount \$	11 Bond premium \$		
FATCA filing requirement ☐		12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$		
		14 Tax-exempt and tax credit bond CUSIP no.			
Account number (see instructions)		15 State	16 State identification no.	17 State tax withheld \$	

Part I Recipient Information

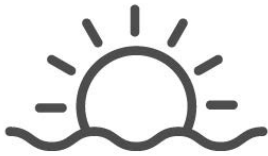
1 Marketplace identifier 12-3456789	2 Marketplace-assigned policy number 987654	3 Policy issuer's name		
4 Recipient's name CARL GRAVES		5 Recipient's SSN 328-00-XXXX	6 Recipient's date of birth 4/12/1984	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2025	11 Policy termination date 12/31/2025	12 Street address (including apartment no.) 200 SKY 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	CARL GRAVES	328-00-XXXX	04/12/1984	01/01/2025	12/31/2025
17	LILLY GRAVES	125-00-XXXX	07/24/2016	01/01/2025	12/31/2025
18					
19					
20					

Part III Coverage Information

Month		plan (SLCSP) premium	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



Southside **Day Care**

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

December 31, 2025

Received from Carl Graves

\$2,200 for daycare services for Lilly

Total amount received for daycare
services in 2025 - \$2,200

Ellen River

EIN: 35-900XXXX

Advanced Scenario 9: Test Questions

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.

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

30. What is Carl's most advantageous filing status?
- a. Single
 - b. Married Filing Separately
 - c. Head of Household
 - d. Qualifying Surviving Spouse
31. Carl's adjusted gross income on his Form 1040 is _____.
- a. \$37,000
 - b. \$37,128
 - c. \$37,160
 - d. \$38,500
32. Carl is **not** eligible to claim the Additional Child Tax Credit.
- a. True
 - b. False
33. What is the maximum amount of Carl's non-refundable credit for retirement savings contributions from Form 8880 line 10?
- a. \$0
 - b. \$100
 - c. \$150
 - d. \$1,500
34. The total amount of Carl's net Premium Tax Credit on Form 1040 Schedule 3, line 9 is \$388.
- a. True
 - b. False
35. Carl's Child and Dependent Care Credit from Form 2441 is _____.
(Note: whole number only, do not use special characters.)