Basic 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.**

Basic Scenario 1: Fred Walker

Interview Notes

- Fred is 39 years old and has never been married.
- Pat, age 14, is Fred's brother who lived with him all year. Fred provided all of Pat's support and provided over half the cost of keeping up the home.
- Fred earned $48,000 in wages.
- Fred is blind and cannot be claimed as a dependent by another taxpayer.
- Fred and Pat are U.S. citizens, have valid Social Security numbers, and lived in the U.S. the entire year.

Basic Scenario 1: Test Questions

1. What is the most advantageous filing status allowable that Fred can claim on his tax return for 2025?
   a. Single
   b. Married Filing Jointly
   c. Qualifying Surviving Spouse (QSS)
   d. Head of Household
2. Fred can claim a higher standard deduction because he is blind.
   a. True
   b. False

Basic Scenario 2: Alex and Mary Walsh

Interview Notes

- Alex, age 31, and Mary, age 30, are married and will file a joint return.
- They cannot be claimed as dependents by any other taxpayer.
- Alex and Mary have no children or other dependents.
- Alex and Mary both work and are not full-time students. Alex earned wages of $12,000 and Mary earned wages of $4,000.
- Alex and Mary are U.S. citizens and have valid Social Security numbers.
- Alex and Mary have investment income of $300 in taxable interest.

Basic Scenario 2: Test Questions

3. Alex and Mary are **not** eligible to claim the Earned Income Tax Credit (EITC).

   a. True

   b. False

4. Alex and Mary's $300 of interest counts as earned income for the Earned Income Tax Credit.

   a. True

   b. False

Basic Scenario 3: Luis and Ana Ramirez

Interview Notes

- Luis and Ana Ramirez are married and always file Married Filing Jointly.
- Luis earned $26,000 in wages and Ana earned $8,500 in wages.
- The Ramirezes paid all the cost of keeping up a home and provided all the support for their two children, Elena and Jorge, who lived with them all year.
- Elena is 12 years old and Jorge is 16.
- Luis, Ana, Elena, and Jorge are all U.S. citizens with valid Social Security numbers and lived in the U.S. the entire year.

Basic Scenario 3: Test Questions

5. Which child qualifies the Ramirezes for the Child Tax Credit (CTC)?

   a. Neither child

   b. Elena

   c. Jorge

   d. Elena and Jorge

6. The Ramirezes can claim a maximum refundable Additional Child Tax Credit of $_____ for Elena and Jorge.
   (Note: whole number only, do not use special characters.)

Basic Scenario 4: Gavin and Molly Dowd

Interview Notes

- Gavin and Molly are married and will file a joint return.
- Molly is a U.S. citizen with a valid Social Security number. Gavin is a resident alien with an Individual Taxpayer Identification Number (ITIN).
- Molly worked in 2025 and earned wages of $38,500. Gavin worked part-time and earned wages of $22,000.
- The Dowds have two children: Blake, age 11, and Kyle, age 19.
- The Dowds provided the total support for their two children, who lived with them in the U.S. all year. Blake and Kyle are U.S. citizens and have valid Social Security numbers.

Basic Scenario 4: Test Questions

7. Blake qualifies the Dowds for the Credit for Other Dependents.

   a. True

   b. False

8. The Dowds qualify for the Earned Income Tax Credit even though Gavin has an ITIN.

   a. True

   b. False

Basic Scenario 5: Neil Ferguson

Interview Notes

- Neil is single and 63 years old.
- Neil worked as a cook at the local elementary school and earned wages of $9,250.
- Neil cannot be claimed as a dependent by another taxpayer.
- Neil is a U.S. citizen with a valid Social Security number and lived in the United States the entire year.

Basic Scenario 5: Test Questions

9. Neil qualifies to claim the Earned Income Tax Credit.

   a. True
   b. False

10. Which of the following statements is true:

    a. Neil's gross income was more than the gross income limit required to file a federal income tax return.
    b. Neil's income of $9,250 requires him to file a federal income tax return.
    c. Neil should file a federal income tax return to receive the refundable Earned Income Tax Credit.
    d. Neil must file a tax return because he is single and 63 years old.

Basic Scenario 6: Scott Payne

Interview Notes

- Scott Payne is single, 24 years old, and has never been married.
- Scott earned wages of $27,500 during the first half of the year. Scott lost his job in September and received a total of $8,000 in unemployment compensation.
- Scott is a brick mason and took a class at a local masonry school to maintain his license. He paid the cost of tuition and a course-related book. His qualified education expenses were $3,000.
- Scott also paid student loan interest for the courses he previously took to earn his Bachelor's degree. For 2025, he paid student loan interest of $900.
- Scott does not have any dependents.
- Scott is a U.S. citizen with a valid Social Security number.

Basic Scenario 6: Test Questions

11. Scott's unemployment compensation is taxable and must be included on his 2025 tax return.

a. True

b. False

12. Scott is eligible for the following credit:

a. Earned Income Credit

b. Lifetime Learning Credit

c. American Opportunity Credit

d. None of the above

13. The amount of student loan interest Scott can claim as an adjustment to income is $_____.
(Note: whole number only, do not use special characters.)

Basic Scenario 7: Craig and Sarah Knox

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

- Craig, age 64, and Sarah, age 63, elect to file Married Filing Jointly. Neither taxpayer is blind.
- Craig is retired. He received Social Security benefits and a pension.
- Craig and Sarah's daughter Kim, age 21, is a full-time college student in her fourth year of study. Kim is graduating this year with a degree in accounting and does not have a felony drug conviction. She received a Form 1098-T for 2025. Box 7 was not checked on her Form 1098-T for the previous tax year.
- Kim spent the summer at home with her parents, but lived in an apartment near campus during the school year.
- Kim received a scholarship that paid the full tuition. Craig and Sarah paid the cost of course-related books in 2025 not covered by the scholarship. They paid $150 for a parking pass, $6,000 for a meal plan, $950 for textbooks purchased at the college bookstore, and $300 for access to an online textbook.
- Craig and Sarah paid more than half the cost of maintaining a home and support for Kim.
- Craig and Sarah do not have enough deductions to itemize on their federal tax return.
- Craig, Sarah, and Kim are U.S. citizens and have valid Social Security numbers. They all lived in the United States for the entire year.
- If Craig and Sarah receive a refund, they would like to deposit it into their checking account. Documents from Community Bank show that the routing number is 111000025. Their checking account number is 11337890.

Form **13614-C** (March 2025)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	OMB Number 1545-1964

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	M.I.	Last name	Your date of birth	Your job title
CRAIG		KNOX	9/15/1961	RETIRED
Spouse's first name	**M.I.**	**Last name**	**Spouse's date of birth**	**Spouse's job title**
SARAH		KNOX	3/30/1962	RETAIL

Mailing address	Apt #	City	State	ZIP code
410 BROADWAY DRIVE		YOUR CITY	YS	YOUR ZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

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)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	**To be completed by certified volunteer (Yes, No, or N/A)**: 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
KIM KNOX	5/8/2004	DAUGHTER	12	S	Y	Y	Y	N	N					

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 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?	**(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

Form W-2

22222	**a** Employee's social security number 128-00-XXXX	OMB No. 1545-0029	
b Employer identification number (EIN) 25-7XXXXXX		**1** Wages, tips, other compensation $25,000	**2** Federal income tax withheld $2,500
c Employer's name, address, and ZIP code Fashionista 210 Main St. YOUR CITY, YOUR STATE, ZIP		**3** Social security wages $25,000	**4** Social security tax withheld $1,550
		5 Medicare wages and tips $25,000	**6** Medicare tax withheld $362.50
		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. Sarah Knox 410 Broadway Drive YOUR CITY, YOUR STATE, ZIP		**11** Nonqualified plans	**12a** Code DD $2,500
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code
		14 Other	**12c** Code
			12d Code
f Employee's address and ZIP code			

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	25-7XXXXXX	$25,000				

Form W-2 Wage and Tax Statement 2025 Department of the Treasury—Internal Revenue Service

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

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Livewell Inc. 322 Palmer Rd. YOUR CITY, YOUR STATE, ZIP	$ 19,000	2025	
	2a Taxable amount $ 19,000	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
40-100XXXX	127-00-XXXX	$	$ 1,900

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
Craig Knox	$	$
Street address (including apt. no.) 410 Broadway Drive	7 Distribution code(s) 7 — IRA/SEP/SIMPLE ☐	8 Other $ — %
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP	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 SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025

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

Box 1. Name	Box 2. Beneficiary's Social Security Number
CRAIG KNOX	**127-00-XXXX**

Box 3. Benefits Paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 *(Box 3 minus Box 4)*
$15,500.00		**$15,500.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $13,280

Medicare Part B premiums deducted from your benefits $2,220

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$0.00

Box 7. Address

410 Broadway Drive
YOUR CITY, YOUR STATE, ZIP

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (6/2020) **DO NOT RETURN THIS FORM TO SSA OR IRS**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1a Total ordinary dividends	OMB No. 1545-0110	**Dividends and Distributions**
Community Bank 123 Baldwin Avenue YOUR CITY, YOUR STATE, ZIP	$ 2,600	Form **1099-DIV**	
	1b Qualified dividends $ 2,600	(Rev. January 2024)	
		For calendar year 2025	
	2a Total capital gain distr. $	2b Unrecap. Sec. 1250 gain $	**Copy B For Recipient**
PAYER'S TIN: 38-4XXXXXX	RECIPIENT'S TIN: 127-00-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $	
		2e Section 897 ordinary dividends $	2f Section 897 capital gain $	
RECIPIENT'S name: Craig Knox		3 Nondividend distributions $	**4 Federal income tax withheld** $	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.
Street address (including apt. no.): 410 Broadway Drive		5 Section 199A dividends $	6 Investment expenses $	
City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP		7 Foreign tax paid $	8 Foreign country or U.S. possession	
		9 Cash liquidation distributions $	10 Noncash liquidation distributions $	
	11 FATCA filing requirement ☐	12 Exempt-interest dividends $	13 Specified private activity bond interest dividends $	
Account number (see instructions)		14 State / 15 State identification no.	16 State tax withheld $ / $	

Form **1099-DIV** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	**Tuition Statement**
Baldwin University **3700 Baldwin Avenue** **YOUR CITY, YOUR STATE, ZIP**	$ 10,000 2	2025 Form **1098-T**	
FILER'S employer identification no.: 89-7XXXXXX	STUDENT'S TIN: 129-00-XXXX	3	**Copy B For Student**
STUDENT'S name: Kim Knox		4 Adjustments made for a prior year $	5 Scholarships or grants $ 10,000	
Street address (including apt. no.): 410 Broadway Drive		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 ☐	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.
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

Baldwin University
Meal Plan

Baldwin College Student Housing
3700 Baldwin Avenue
Your City, Your State, ZIP

Received from:

Kim Knox
$6,000

College Books
3710 Baldwin Avenue
Your City, State, ZIP

Receipt
3 Textbooks: $950.00
Parking Sticker: $150.00

Payment for books is also on the college website.

Invoice #05684

Baldwin University

3700 Baldwin Avenue

Date	To	Ship To
August 14, 2025	**Kim Knox** 410 Broadway Drive	Same as recipient

Quantity	Description	Unit Price	Total
	Online Textbook	$300	$300
		Subtotal	$300
		Sales Tax	
		Shipping & Handling	
		Total	**$300**

Thank you for your business!

Basic Scenario 7: Test Questions

14. Craig and Sarah's standard deduction amount is $31,500.

- **a.** True
- **b.** False

15. Craig and Sarah's total qualified education expenses used to calculate the American Opportunity Credit are:

- **a.** $300
- **b.** $950
- **c.** $1,250
- **d.** $11,250

16. Craig and Sarah Knox can claim the Credit for Other Dependents.

- **a.** True
- **b.** False

17. What is the total amount of the Knox's federal income tax withholding?

- **a.** $1,900
- **b.** $2,500
- **c.** $4,660
- **d.** $6,560

18. The taxable amount of Craig's Social Security is $13,175.00.

- **a.** True
- **b.** False

19. Which of the following statements are true?

- **a.** Qualified dividends are part of the total ordinary dividends.
- **b.** Qualified dividends qualify for lower, long-term capital gains tax rates.
- **c.** Qualified dividends are reported on Form 1099-DIV.
- **d.** All of the above.

Basic Scenario 8: Beth Tooney

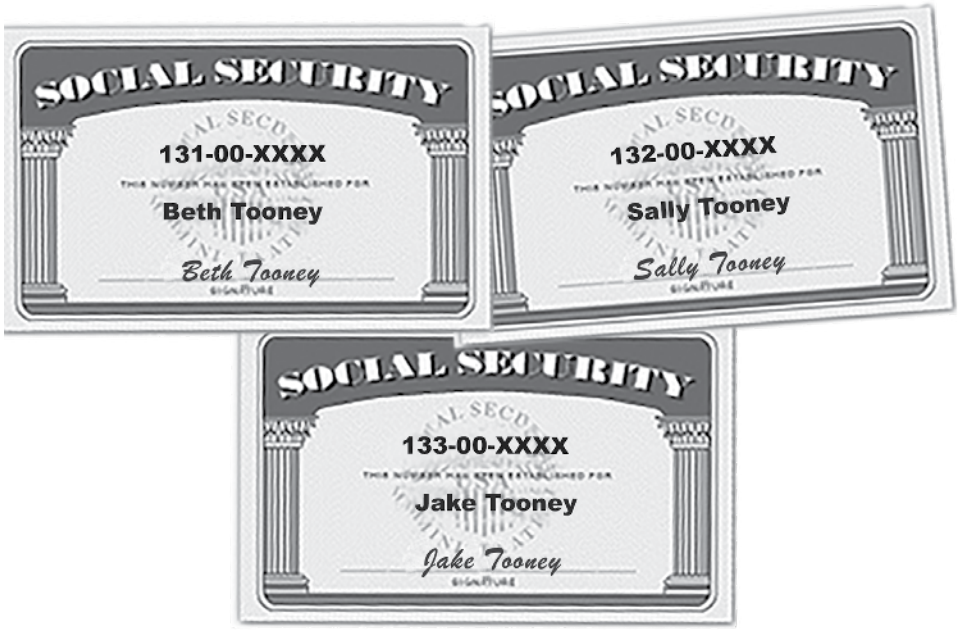
Directions

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

- Beth is single and 48 years old.
- Beth has two children. Sally, age 20, has a job and earned wages of $3,700. Jake, age 27, is totally and permanently disabled and received Social Security benefits of $5,500. Both children lived with her all year.
- Beth paid all the cost of keeping up the home and more than half the support for her children.
- Beth received disability pension benefits, but she has not reached the minimum retirement age of her employer's plan.
- She does not have enough expenses to itemize for the 2025 tax year.
- Beth, Sally, and Jake are U.S. citizens and have valid Social Security numbers. They all lived in the United States for the entire year.
- If she has any balance due or refund, she would like to use New Bank and Trust. Beth provided a voided check.



Form **13614-C** (March 2025)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	OMB Number 1545-1964

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	M.I.	Last name	Your date of birth	Your job title
BETH		TOONEY	5/16/1977	RETIRED
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
320 MAIN STREET		YOUR CITY	YS	YOUR ZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

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

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)**				
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
SALLY TOONEY	5/9/2005	DAUGHTER	12	S	Y	Y	N	N	N					
JAKE TOONEY	7/31/1998	SON	12	S	Y	Y	N	Y	N					

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 _____	☐ (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 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?	**(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

Form 1099-R & Voided Check

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Rutherford Corporation 1800 Spring Street YOUR CITY, YOUR STATE, ZIP	$ 40,000	2025	
	2a Taxable amount $ 40,000	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld	
56-7XXXXXX	131-00-XXXX	$	$ 2,000	

RECIPIENT'S name Beth Tooney	5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 320 Main Street	7 Distribution code(s) 3 IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP	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

Beth Tooney
320 Main Street
YOUR CITY, STATE, ZIP

1234

20

PAY TO THE ORDER OF _____ $ _____

DOLLARS

VOID

New Bank and Trust
Anytown, State 00000

For _____

⑆111000025⑆ 123456789 1234

Basic Scenario 8: Test Questions

20. Beth's disability pension is reported as other earned income.

- **a.** True
- **b.** False

21. The most advantageous filing status that Beth can claim is?

- **a.** Single
- **b.** Head of Household
- **c.** Married Filling Separately
- **d.** Qualifying Surviving Spouse (QSS)

22. Which of Beth's children qualifies her to claim the Earned Income Tax Credit?

- **a.** Sally
- **b.** Jake
- **c.** Both Sally and Jake
- **d.** Neither Sally nor Jake

23. Can Beth claim Sally as a dependent?

- **a.** Yes, because Sally meets the relationship/member of the household test.
- **b.** Yes, because Beth provided more than half of Sally's total support.
- **c.** Yes, because Sally's gross income is less than $5,200.
- **d.** All of the above.

24. Beth anticipates a balance due for next year. What actions should she take to prevent having a balance due?

- **a.** Submit a revised W-4P to increase her withholding
- **b.** Make estimated tax payments
- **c.** Do nothing and file her return as usual
- **d.** Both a and b

Basic Scenario 9: Gloria Cortez

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

- Gloria is 33 years old and was married to Frank. Frank passed away on March 15, 2023. Gloria has not remarried.
- Gloria's 10-year-old daughter, Jessica, lived with her the entire year.
- Gloria paid more than half the cost of keeping up a home and support for Jessica.
- Gloria took a distribution from her traditional IRA in June to pay for her family vacation.
- Gloria was a full-time elementary school art teacher and earned $47,500 in wages. Gloria purchased art supplies for her class out of her own pocket totaling $350.
- Gloria received a 1098-E for student loan interest she paid in 2025.
- Gloria received a W-2G in the amount of $3,600 from the local casino.
- Gloria paid child and dependent care expenses for Jessica while she worked.
- Gloria and Jessica are U.S. citizens and have valid Social Security numbers. They lived in the United States for the entire year.
- If Gloria is entitled to a refund, she would like to deposit half into her checking account and half into her savings account. Documents from Adelphi Bank and Trust show that the routing number for both accounts is 111000025. Gloria’s checking account number is 123456789 and her savings account number is 987654321.

Form **13614-C** (March 2025)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	OMB Number 1545-1964

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	M.I.	Last name	Your date of birth	Your job title
GLORIA		CORTEZ	2/14/1992	TEACHER
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
176 PACKER DRIVE		YOUR CITY	YS	YOUR ZIP

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2024
YOUR PHONE NUMBER			☐ Yes ☒ No

Check if you or your spouse were in 2024:

A U.S. citizen	☒ You	☐ Spouse	☐ No	Legally blind	☐ You	☐ Spouse	☒ No
In the U.S. on a visa	☐ You	☐ Spouse	☒ No	Totally and permanently disabled	☐ You	☐ Spouse	☒ No
A full-time student	☐ You	☐ Spouse	☒ No	Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse	☒ No
				Owners or holders of any digital assets	☐ 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 ☐ 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 2023

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.

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)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	**To be completed by certified volunteer (Yes, No, or N/A)**: 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
JESSICA CORTEZ	1/21/2015	DAUGHTER	12	S	Y	Y	Y	N	N					

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 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?	**(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.)

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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

22222

a Employee's social security number: 141-00-XXXX

OMB No. 1545-0029

b Employer identification number (EIN): 38-5XXXXXX

c Employer's name, address, and ZIP code:
Wilcox School District
1200 Maiden Lane
YOUR CITY, YOUR STATE, ZIP

1 Wages, tips, other compensation	$47,500
2 Federal income tax withheld	$3,200
3 Social security wages	$47,500
4 Social security tax withheld	$2,945
5 Medicare wages and tips	$47,500
6 Medicare tax withheld	$688.75
7 Social security tips	
8 Allocated tips	
d Control number	
9	
10 Dependent care benefits	
e Employee's first name and initial: Gloria	Last name: Cortez	Suff.
11 Nonqualified plans	
12a Code	
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	
12b Code	
14 Other	
12c Code	
12d Code	

f Employee's address and ZIP code:
176 Packer Drive
YOUR CITY, YOUR STATE, ZIP

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	38-5XXXXXX	$47,500	$1,100			

Form **W-2** Wage and Tax Statement — 2025 — Department of the Treasury—Internal Revenue Service

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

3232 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code:
Winbig Casino
777 Jackpot Rd.
YOUR CITY, YOUR STATE, ZIP

1 Reportable winnings	2 Date won
$ 3,600	5/30/2025
3 Type of wager: Slots	4 Federal income tax withheld: $ 600
5 Transaction	6 Race
7 Winnings from identical wagers: $	8 Cashier
PAYER'S TIN: 38-6XXXXXX / PAYER'S telephone no.	9 WINNER'S TIN: 141-00-XXXX
	10 Window
WINNER'S name: Gloria Cortez	11 First identification no.: YS987654
	12 Second identification no.: YS316000XXX
Street address (including apt. no.): 176 Packer Drive	13 State/Payer's state identification no.
	14 State winnings: $
City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP	15 State income tax withheld: $
	16 Local winnings: $
	17 Local income tax withheld: $
	18 Name of locality

OMB No. 1545-0238

Form W-2G Certain Gambling Winnings

(Rev. December 2023)

For calendar year 20 25

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

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: **Date:**

Form **W-2G** (Rev. 12-2023) Cat. No. 10138V www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Forms 1099-R & 1098-E

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
SPRING FEDERAL CREDIT UNION 1200 SPRING AVENUE YOUR CITY, YOUR STATE, ZIP	$ 9,000	2025	
	2a Taxable amount $ 9,000	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
38-2XXXXXX	141-00-XXXX	$	$ 1,800

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
Gloria Cortez	$	$
Street address (including apt. no.) 176 Packer Drive	7 Distribution code(s): 1 — IRA/SEP/SIMPLE: ☑	8 Other: $ — %
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP	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

☐ 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		OMB No. 1545-1576	Student Loan Interest Statement
MAGGIE MAE 854 LINCOLN RD YOUR CITY, YOUR STATE, ZIP		2025	
		Form 1098-E	

RECIPIENT'S TIN	BORROWER'S TIN	1 Student loan interest received by lender	Copy B For Borrower
20-7XXXXXX	141-00-XXXX	$ 700	

BORROWER'S name		
Gloria Cortez		
Street address (including apt. no.) 176 Packer Drive		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		
Account number (see instructions)	2 If checked, box 1 does **not** include loan origination fees and/or capitalized interest for loans made before September 1, 2004 ☐	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.

Form **1098-E** (keep for your records) www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

Daycare Statement & Voided Check

Invoice #05684

Kitty Kloud Daycare
303 Twiggs Trail
Your City, Your State, Your Zip

Date: December 31, 2025

Received From:
Gloria Cortez
176 Packer Drive

EIN: 38-5XXXXXX
Provider: Kitty Kloud Daycare

Description	Price	Total
After-School Care for Jessica Cortez	$4,000	$4,000

Total Amount Received for 2025 Childcare **$4,000**

Thank you for your business!

Gloria Cortez
176 Packer Dr
YOUR CITY, STATE, ZIP

1234

20

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

VOID

Adelphi Bank and Trust
Anytown, State 00000

For _____

⑆111000025⑆ 123456789 1234

Basic Scenario 9: Test Questions

25. Gloria is required to report her gambling winnings on her tax return.

- **a.** True
- **b.** False

26. Gloria's most advantageous filing status is:

- **a.** Qualifying Surviving Spouse (QSS)
- **b.** Married Filing Jointly
- **c.** Married Filing Separately
- **d.** Head of Household

27. Gloria is **not** required to pay an additional 10% tax on the early distribution from her IRA.

- **a.** True
- **b.** False

28. Gloria qualifies for which of the following credits?

- **a.** Child Tax Credit
- **b.** Child and Dependent Care Credit
- **c.** Both a and b
- **d.** Neither a nor b

29. Gloria should use Form _____ to split her refund between her savings and checking accounts.

30. What amount can Gloria claim as an adjustment to income for the supplies she purchased out of pocket?

- **a.** $0
- **b.** $300
- **c.** $325
- **d.** $350