National Tax Training Committee Workbook (Part 2)

Tax Year 2015

AARP FOUNDATION TAX-AIDE

AARP® FOUNDATION

Interview Notes – Reed

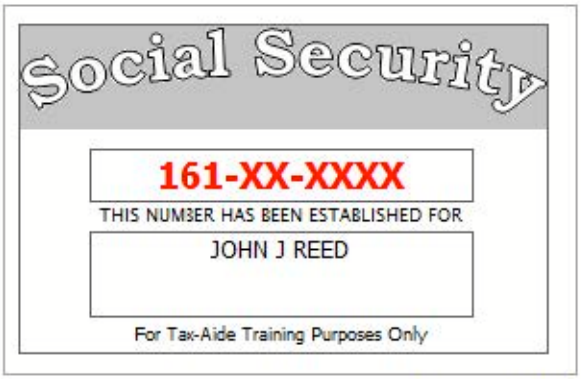
John is married to Elizabeth Reed (162-XX-XXXX). She left him two years ago and has not lived with him since. They file separate returns, and neither itemizes deductions.

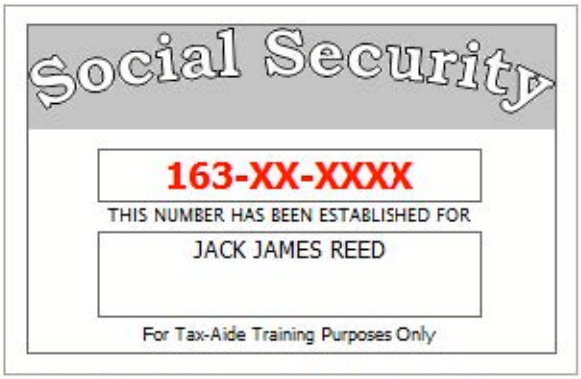
John paid the total cost of maintaining his home for himself and his son Jack. When John's sister became ill last June, her son Jeffrey moved in with him. John provided all support for both children.

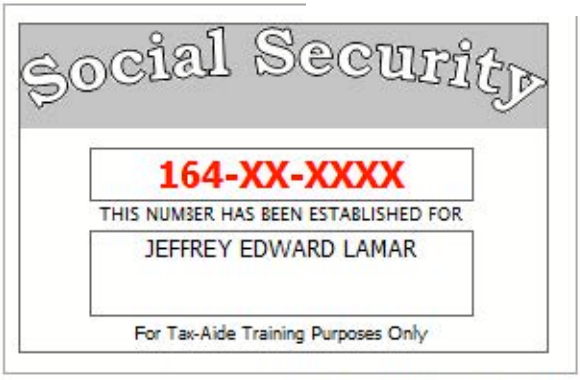
John's employer provides insurance for him and his son, Jack. However Jeffrey has no insurance at all.

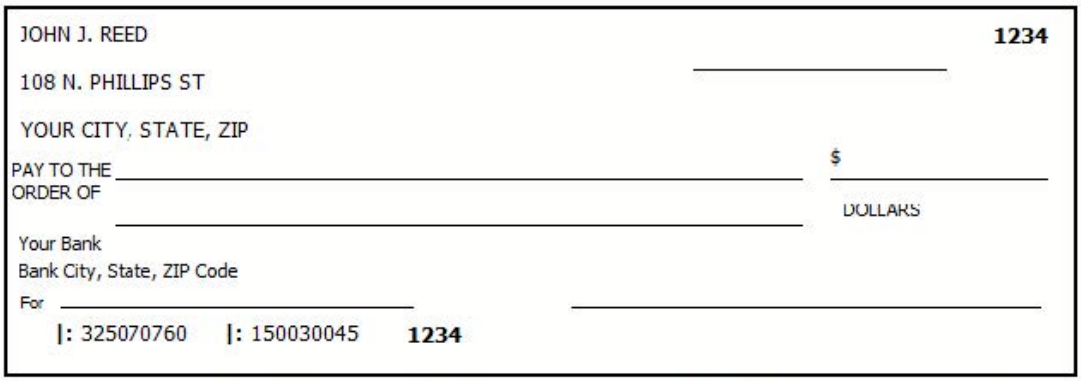
Jack is a junior, and a full-time student, at the Harris College. He received a $1,500 tax-free grant. In addition, his father paid $7,750 for his tuition and fees using a credit card.

John does not want to contribute to the Presidential Election. If a refund is due, John prefers direct deposit, but he will pay any tax due by check.









Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Are you a U.S. citizen?
John	J	Reed	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
108 North Phillips Street		Your City	Your State	Your Zip

4. Telephone number(s) 464-555-xxxx Email address (optional)

5. Your Date of Birth	6. Your job title	7. Last year, were you:					
6/15/1973	Insulation Installer	a. Full time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			
8. Your spouse's Date of Birth	9. Your spouse's job title	10. Last year, was your spouse:					
		a. Full time student	☐ Yes	☐ No	b. Totally and permanently disabled	☐ Yes	☐ No
		c. Legally blind	☐ Yes	☐ No			

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☒ Married — a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☒ No
  b. Was your marriage recognized under the laws of the state(s) you are filing in? ☒ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated — Date of final decree or separate maintenance agreement _____
- ☐ Widowed — Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*
Jeffrey Lamar	3/3/2000	Nephew	7	Y	Y	S	Y	N					
Jack Reed	9/9/1994	Son	12	Y	Y	S	Y	N					

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

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Reed

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? 1
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income?
☐	☒	☐	7. (A) Self-Employment income? (Form 1099-MISC, cash)
☐	☒	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment compensation? (Form 1099-G)
☐	☒	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from Rental Property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☐	☒	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other
☒	☐	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☐	☒	☐	5. (B) Medical expenses? (including health insurance premiums)
☐	☒	☐	6. (B) Home mortgage interest? (Form 1098)
☐	☒	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. (B) Charitable contributions?
☐	☒	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

a. Employee's social security number 161-XX-XXXX			
b. Employer Identification number (EIN) 43-1XXXXXX		1. Wages, tips, other compensation $34,713.78	2. Federal income tax withheld $3,275.65
c. Employer's name, address, city state and ZIP Code KING INSULATION 2300 EAST OLIVET FRANKLIN, PA 16323		3. Social security wages $34,713.78	4. Social security tax withheld $2,152.25
		5. Medicare wages and tips $34,713.78	6. Medicare tax withheld $503.35
		7. Social security tips	8. Allocated tips
d. Control number		9.	10. Dependant care benefits
e. Employee's name (first, initial, last), address, city, state and ZIP code JOHN J. REED 108 NORTH PHILLIPS STREET YOUR CITY, STATE, ZIP		11. Nonqualified plans	12a. See instructions for box 12
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sickpay ☐	12b. DD $2,756.00
		14. Other	12c.
			12c.

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	43171783	$34,713.78	$1,250.00			

Form **W-2** **2015**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code FRANKIN SAVINGS AND LOAN 175 N. OAKWOOD AVE. FRANKLIN, PA 16323	Payer's RTN (optional)	**20 15** Form 1099-INT	**Interest Income**
	1 Interest income $956.75		
	2 Early withdrawal penalty		**Copy B For Recipient** 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 is has not been reported.
PAYER'S Federal identification number 43-2XXXXXX	RECIPIENT'S identification number 161-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations	
RECIPIENT'S name, address, city, state, and ZIP code JOHN J. REED 108 N. PHILLIPS ST. YOUR CITY, STATE, ZIP	4 Federal income tax withheld $75.00	5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest	9 Specified private activity bond interest	
	10 Market Discount	11 Bond Premium	

Account number (see instructions)	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Total Ordinary Dividends	2015	Dividends and Distributions
BUTLER INVESTMENT SERVICES 2121 PEMBROKE PARKWAY PITTSBURGH, PA 15219	$108.96	Form 1099-DIV	
	1b Qualified Dividends $108.96		
	2aTotal capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient
PAYER'S Federal identification number: 43-3XXXXXX / RECIPIENT'S identification number: 161-XX-XXXX	2c Secton 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code	3 Nondividend distributions	4 Federal income tax withheld	
JOHN J REED 108 N PHILLIPS ST YOUR CITY, STATE, ZIP		5 Investment expenses	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 is has not been reported.
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Cash liquidation distributions	9 Noncash liquidation distribution	
	10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	
Account number (see instructions)	13 State	14 State Identification no. / 15 State tax withheld	

Form **1099-DIV**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Gross distribution $15,174.00	2015	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.
DEFENSE FINANCE AND ACCOUNTING SVC US MILITARY RETIREMENT PAY P. O. BOX 7139 LONDON, KY 40741	2a Taxable amount $15,174.00	Form 1099-R	
	2b Taxable amount not determined. ☐ / Total Distribution ☐		
PAYER'S Federal identification number: 27-5XXXXXX / RECIPIENT'S identification number: 161-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld $675.00	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name, address, city, state, ZIP code	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
JOHN J REED 108 N PHILLIPS ST YOUR CITY, STATE, ZIP	7.Distribution Code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other %	This information is being furnished to the Internal Revenue Service
	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. State tax withheld	13. State/Payer's state no.	14. State Distribution $15,174.00
Account number (see instructions)	15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

☐ CORRECTED (if checked)

FILER'S name, address, city, state,and ZIP code	1 Payments received for qualified tuition and related expenses	2015	Tuition Statement
HARRIS COLLEGE 100 COLLEGE DRIVE FRANKLIN, PA 16323	$9,250.00 2 Amounts billed for qualified tuition and related expenses	Form 1098-T	

FILER'S Federal identification number	STUDENT'S social security number	3 If this box is checked, your educational institution has changed its reporting method for 2015. ☐	Copy B For Student
43-4XXXXXX	163-XX-XXXX		

STUDENT'S name, address, city, state,and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants	
JACK JAMES REED 108 N. PHILLIPS ST. YOUR CITY, STATE, ZIP		$1,500.00	This is important tax information and is being furnished to the Internal Revenue Service.
	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period bogining January March 2014. > ☐	

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**

Interview Notes – Ellsworth

Jessica's husband, Terrance, died in May 2013.

She received $800 in tax-exempt interest from York Municipal Bond (out of state).

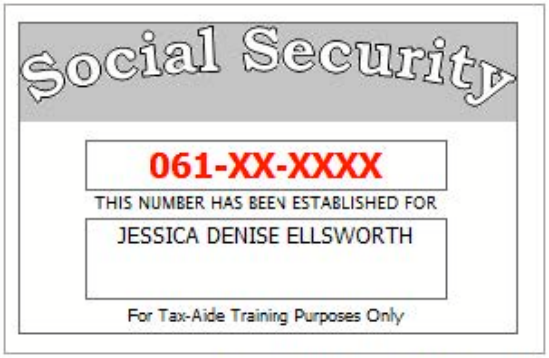
She reports that she had gambling losses of $1,800.

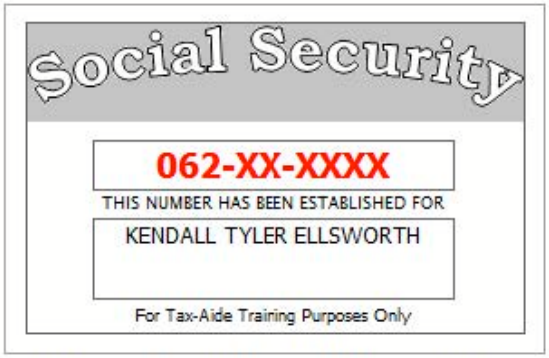
Kenneth is a full-time student at Gannon University, starting his first year of a four-year degree program. His grandmother made payments for his tuition directly to the university.

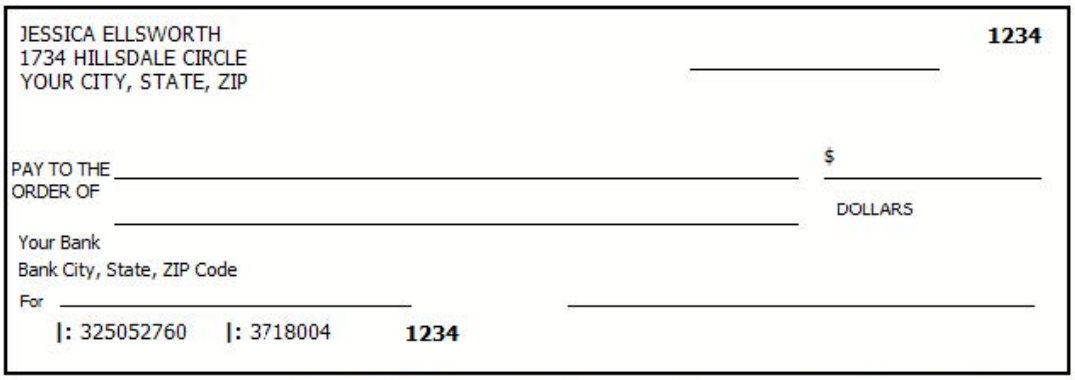
Jessica filed MFJ in 2013, the year her husband died. Their AGI was 57,952, and there was no Social Security received.

Jessica filed QW in 2014, and her AGI was 22,690. There was no Social Security received. They received no tax-exempt interest in either year.

Jessica has health insurance for her, Kenneth and Kendall through her employer.







Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Are you a U.S. citizen?
Jessica	D	Ellsworth	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
1734 Hillsdale Circle		Your City	Your State	Your Zip

4. Telephone number(s) 461-555-xxxx Email address (optional)

5. Your Date of Birth	6. Your job title	7. Last year, were you:	
2/10/1967	Nurse	a. Full time student ☐ Yes ☒ No	b. Totally and permanently disabled ☐ Yes ☒ No c. Legally blind ☐ Yes ☒ No
8. Your spouse's Date of Birth	9. Your spouse's job title	10. Last year, was your spouse:	
		a. Full time student ☐ Yes ☐ No	b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☐ Married a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☐ No
  b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated Date of final decree or separate maintenance agreement _____
- ☒ Widowed Year of spouse's death 2013

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*
Kendall Ellsworth	9/5/2000	Son	12	Y	Y	S	Y	N					
Kenneth Ellsworth	5/15/1995	Son	12	Y	Y	S	Y	N					

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To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

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Ellsworth

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
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☐	☒	☐	14. (M) Income (or loss) from Rental Property?
☒	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify Gambling
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☐	☒	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? _____ IRA (A) x 401K (B) _____ Roth IRA (B) _____ Other
☒	☐	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
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Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

a. Employee's social security number 061-XX-XXXX			
b. Employer Identification number (EIN) 64-1XXXXXX		1. Wages, tips, other compensation $32,560.49	2. Federal income tax withheld $2,119.75
c. Employer's name, address, city state and ZIP Code STANFORD REGIONAL HOSPITAL 1525 SUFFOLK WAY NEWARK, NJ 07102		3. Social security wages $34,810.49	4. Social security tax withheld $2,158.25
		5. Medicare wages and tips $34,810.49	6. Medicare tax withheld $504.75
		7. Social security tips	8. Allocated tips
d. Control number		9.	10. Dependant care benefits
e. Employee's name (first, initial, last), address, city, state and ZIP code JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP		11. Nonqualified plans	12a. See instructions for box 12 D $2,250.00
		13. Statutory Employee ☐ Retirement Plan ☒ Third-party sickpay ☐	12b. DD $3,075.00
		14. Other	12c.
			12c.

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	56862456	$32,560.00	$749.76			

Form **W-2** **2015**

☐ **CORRECTED (if checked)**

PAYER'S name, address, city, state, ZIP code LAMAR BANK 5501 TULANE AVE BALTIMORE MD 21233	Payer's RTN (optional)	**2015** Form 1099-INT	**Interest Income**
	1 Interest income $305.48		
	2 Early withdrawal penalty $30.00		**Copy B For Recipient** 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 is has not been reported.
PAYER'S Federal identification number 64-2XXXXXX	RECIPIENT'S identification number 061-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations	
RECIPIENT'S name, address, city, state, and ZIP code JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	4 Federal income tax withheld	5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest	9 Specified private activity bond interest	
	10 Market Discount	11 Bond Premium	

Account number (see instructions)	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Unemployment compensation	2015	Certain Government Payments
EMPLOYMENT SECURITY COMMISSION P O BOX 854 NEWARK NJ 07101	$948.75 2 State or local income tax refunds, credits or offsets	Form 1099-G	

PAYER'S Federal identification number	RECIPIENT'S identification number	Box 2 amount is for tax year	4 Federal income tax withheld	Copy B For Recipient
64-5XXXXXX	061-XX-XXXX		$95.00	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 is has not been reported.

RECIPIENT'S name, address, city, state, ZIP code	5 RTAA payments	6 Taxable grants
JESSICA DENISE ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	7 Agriculture payments	8 If checked, box 2 is trade or business income > ☐
	9 Market gain	

Account number (see instructions)	10. State	10b State identification no	11 State income tax withheld

Form **1099-G**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015

○ 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
JESSICA DENISE ELLSWORTH	061-XX-XXXX

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4)
$42,148.00		$42,148.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$42,148.00	
Medicare Part 3 premiums deducted from your benefits	$.00	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$.00	
Total Additions	$42,148.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2015	$17,858.00	
		Box 7. Address JESSICA DENISE ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP
Benefits for 2014	$16,540.00	
Benefits for 2013	$7,750.00	
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA) 061-XX-XXXXA

Form **SSA-1099-SM**

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code	1. Gross winnings	2. Date won	2015 Form W2-G Certain Gambling Winnings
BUTLER CASINO 2233 CLARK HIGHWAY RENO NV 89510	$785.00	06/23/2015	
	3. Type of wager: SLOTS	4. Federal income tax withheld: $75.00	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number: 64-3XXXXXX — Payer's Telephone number: 352-555-1212	9. Winner's taxpayer identification no.: 061-XX-XXXX	10. Window	This information is being furnished to the Internal Revenue Service
WINNER'S name, address, city, state, and ZIP JESSICA ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	11. First I.D.	12. Second I.D.	
	13. State Payer's identification no.	14. State Winnings	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
	15. State income tax withheld	16. Local Winnings	
	17. Local income tax withheld	18. Name of locality	

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature > **Date >**

Form **W-2G**

☐ CORRECTED (if checked)

FILER'S name, address, city, state,and ZIP code	1 Payments received for qualified tuition and related expenses	2015 Form 1098-T	Tuition Statement
GANNON UNIVERSITY 667 HUDSON DRIVE SIOUX FALLS, SD 57101	$15,500.00		
	2 Amounts billed for qualified tuition and related expenses		
FILER'S Federal identification number: 64-4XXXXXX — STUDENT'S social security number: 063-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2015. ☐		**Copy B For Student**
STUDENT'S name, address, city, state,and ZIP code KENNETH ELLSWORTH 1734 HILLSDALE CIRCLE YOUR CITY, STATE, ZIP	4 Adjustments made for a prior year	5 Scholarships or grants: $9,000.00	This is important tax information and is being furnished to the Internal Revenue Service.
	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 2014. > ☐	
Service Provider/Acct No. (see instr.) — 8. Checked if at least half-time student [X]	9 Checked if a graduate student ☐	10 Ins. contract reimb/refund	

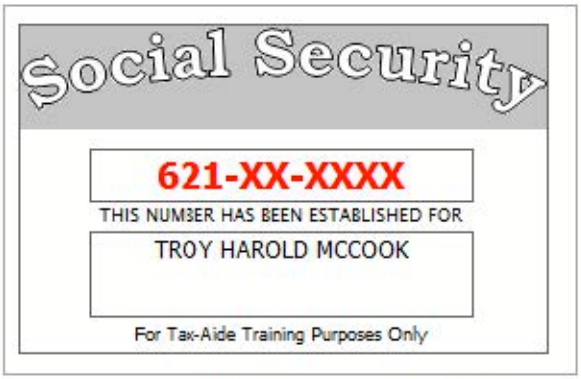
Form **1098-T**

Interview Notes – McCook

Troy and Yvonne are retired. They may be able to itemize this year, but haven't in the past.

Troy has full-year Medicare coverage. Yvonne didn't have any coverage until July 1, when she purchased a health insurance policy straight from a local company. The cost for the six months of coverage was $2,700. Yvonne does not qualify for an exemption due to incarceration or being a member of an Indian tribe or a health care sharing ministry. They ask you whether the market affordability exemption would help them.

When Troy sold stock in August, he decided to make some estimated payments. He paid $400 on 8/30 and another $400 on 1/10.



Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Are you a U.S. citizen?
Troy	H	McCook	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen?
Yvonne	E	Smith	☒ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
30911 Bard Road		Your City	Your State	Your Zip

4. Telephone number(s) 422-555-xxxx Email address (optional)

5. Your Date of Birth	6. Your job title	7. Last year, were you:					
3/12/1948	Retired	a. Full time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			
8. Your spouse's Date of Birth	**9. Your spouse's job title**	**10. Last year, was your spouse:**					
10/30/1952	Retired	a. Full time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☒ Married — a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☐ No
  b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated — Date of final decree or separate maintenance agreement _____
- ☐ Widowed — Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

-80-

McCook

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☐	☒	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income?
☐	☒	☐	7. (A) Self-Employment income? (Form 1099-MISC, cash)
☐	☒	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☒	☐	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from Rental Property?
☒	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify Gambling
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☐	☒	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other
☐	☒	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☒	☐	☐	5. (B) Medical expenses? (including health insurance premiums)
☒	☐	☐	6. (B) Home mortgage interest? (Form 1098)
☒	☐	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. (B) Charitable contributions?
☐	☒	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☒	☐	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? $800
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Gross distribution	2015	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.
DEFENSE FINANCE & ACCOUNTING SVC US MILITARY RETIREMENT PAY P O BOX 7139 LONDON, KY 40741-7139	$24,295.00	Form 1099-R	
	2a Taxable amount $24,295.00		
	2b Taxable amount not determined. ☐	Total Distribution ☐	

PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a).	4 Federal income tax withheld	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
27-5XXXXXX	621-XX-XXXX		$1,245.00	

RECIPIENT'S name, address, city, state, ZIP code	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
TROY HAROLD MCCOOK 30911 BARD ROAD YOUR CITY, STATE AND ZIP	7. Distribution Code(s): 7 — IRA/SEP/SIMPLE ☐	8 Other %	This information is being furnished to the Internal Revenue Service
	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. State tax withheld	13. State/Payer's state no.	14. State Distribution
			YS 275XXXXXX	$24,295.00

Account number (see instructions)	15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Gross distribution	2015	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.
HARRIS TRUST CO. P O BOX 1389 FAIRVIEW, KY 42221	$13,223.00	Form 1099-R	
	2a Taxable amount $13,223.00		
	2b Taxable amount not determined. ☐	Total Distribution ☐	

PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a).	4 Federal income tax withheld	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
63-2XXXXXX	622-XX-XXXX		$1,322.00	

RECIPIENT'S name, address, city, state, ZIP code	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
YVONNE E. SMITH 30911 BARD ROAD YOUR CITY, STATE, ZIP	7. Distribution Code(s): 7 — IRA/SEP/SIMPLE ☐	8 Other %	This information is being furnished to the Internal Revenue Service
	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. State tax withheld	13. State/Payer's state no.	14. State Distribution
			YS/ 2326614	$13,223.00

Account number (see instructions)	15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form **1099-R**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015

○ 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
TROY HAROLD MCCOOK	621-XX-XXXX

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4)
$13,108.00		$13,108.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$11,574.20	
Medicare Part 3 premiums deducted from your benefits	$1,258.80	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$275.00	
Total Additions	$13,108.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2015	$13,108.00	
		Box 7. Address TROY HAROLD MCCOOK 30911 BARD ROAD YOUR CITY, STATE AND ZIP
Benefits for 2014		
Benefits for 2013		
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA) 621-XX-XXXXA

Form SSA-1099-SM

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015

○ 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
YVONNE ELAINE SMITH	622-XX-XXXX

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4)
$8,960.00		$8,960.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$8,960.00	
Medicare Part 3 premiums deducted from your benefits	$.00	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$.00	
Total Additions	$8,960.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2015	$8,960.00	
		Box 7. Address YVONNE ELAINE SMITH 30911 BARD ROAD YOUR CITY, STATE AND ZIP
Benefits for 2014		
Benefits for 2013		
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA) 622-XX-XXXXA

Form SSA-1099-SM

Alvin Bond Funds
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

Troy McCook
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX

Form 1099-DIV 2015 Dividends and Distributions

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

Box		Amount	
1a	Total Ordinary Dividends	12,485.32	
1b	Qualified Dividends	11,352.65	
2a	Total Capital Gain Distributions (Includes 2b- 2d)	0.00	
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	
3	Nondividend Distributions	14.75	
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	

Form 1099-INT 2015 Interest Income

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

Box		Amount	
1	Interest Income	850.00	
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	6.95	
7	Foreign Country or U.S. Possession		
8	Tax-Exempt Interest (Federal exempt only)	975.00	
9	Specified Private Activity Bond Interest	0.00	

Summary of 2015 Proceeds From Broker and Barter Exchange Transactions

Box		Amount	
1d	Proceeds	49,915.43	*
1e	Cost or Other Basis	0.00	**
4	**Federal Income Tax Withheld**	0.00	
6	Adjustments - Wash Sales	0.00	
	Adjustments - Market Discount	0.00	**
16	State Tax Withheld	0.00	
Regulated Futures Contracts:			
4	**Federal Income Tax Withheld**	0.00	
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00	
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00	
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00	
11	Aggregate Profit of (Loss) on Contracts	0.00	

* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.
** Box 1e and Box 6 contain amounts for covered securities only.

Alvin Bond Funds
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT
Troy McCook
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX

FORM 1099-B 2015 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 1a & 3)

1a Description, **2** Short-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain/Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Hillford Investment Fund											
Sale	16.52300	09/23/2014	08/26/2015	169.36	142.58			26.78			
Sale	15.87500	12/23/2014	08/26/2015	162.72	132.75			29.97			
Sale	14.34500	03/23/2015	08/26/2015	147.04	128.68			18.36			
Sale	13.98500	06/23/2015	08/26/2015	143.35	130.57			12.78			
Yuma Bond Fund											
Sale	175.000	10/25/2014	02/26/2015	2,368.15	2,632.75	W	226.80	-37.80			
Sale	150.000	03/15/2015	12/15/2015	2,286.36	2,352.45			-66.09			
Matte Investor Class Fund											
Sale	250.000	07/23/2015	12/05/2015	1,555.00	1,085.36			469.64			
Sale	100.000	07/23/2015	04/18/2015	622.00	512.74			109.26			
TOTALS				**7,453.98**	**7,117.88**		**226.80**	**562.90**			

FORM 1099-B· 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box D checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

1a Description, **2** Long-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain/Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Hillford Investment Fund											
Sale	18.85400	03/26/2011	08/26/2015	193.25	159.45			33.80			
Sale	17.76900	06/23/2011	08/26/2015	182.13	158.36			23.77			
Sale	17.64600	09/23/2011	08/26/2015	180.87	162.74			18.13			
Sale	17.52300	12/23/2011	08/26/2015	179.61	156.87			22.74			
Sale	17.40000	03/23/2012	08/26/2015	178.35	150.74			27.61			
Sale	17.27700	06/23/2012	08/26/2015	177.09	146.35			30.74			
Sale	17.15400	09/23/2012	08/26/2015	175.83	142.58			33.25			
Sale	17.03100	12/23/2012	08/26/2015	174.57	139.86			34.71			
Sale	16.90800	03/23/2013	08/26/2015	173.31	140.85			32.46			
Sale	16.78500	06/23/2013	08/26/2015	172.05	142.65			29.40			
TOTALS				**1,787.06**	**1,500.45**			**286.61**			

Alvin Bond Funds
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

Troy McCook
30911 Bard Road, Your City, YS ZIP
Account No. 111-227
Recipient ID No. 621-XX-XXXX
Payer's Fed ID Number: 63-1XXXXXX

FORM 1099-B· 2015 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

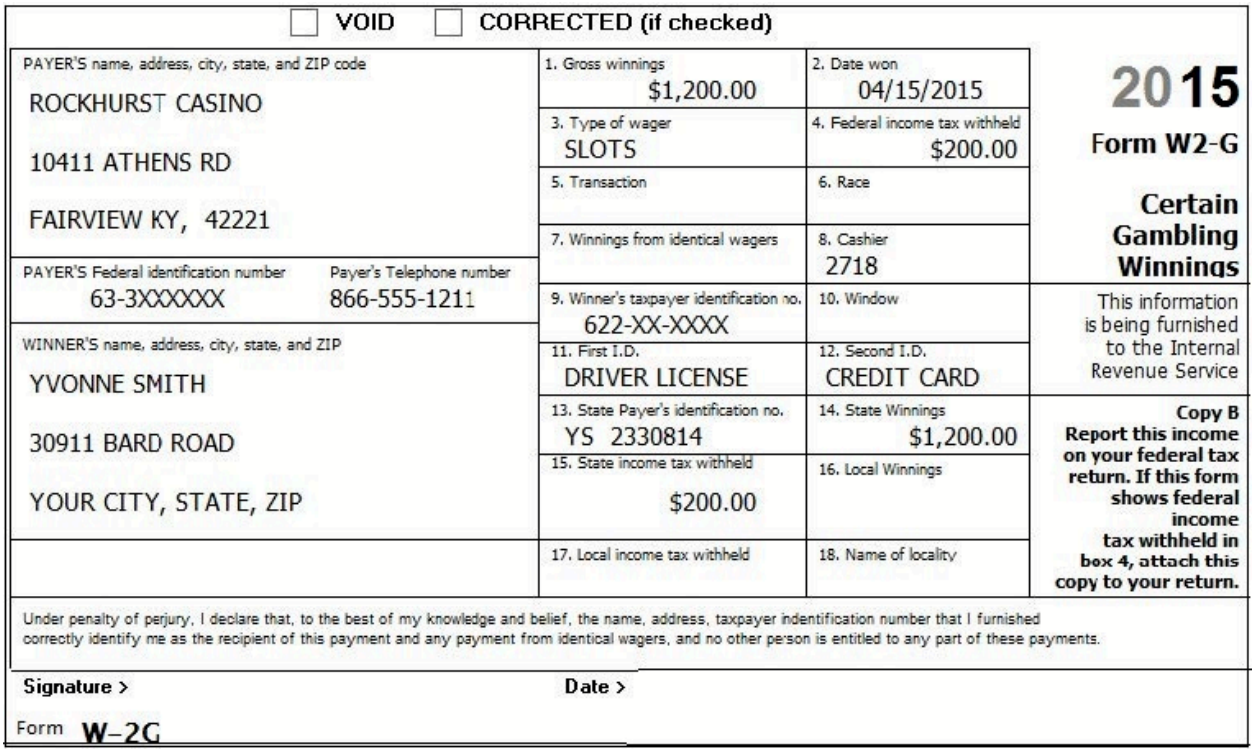
Report on Form 8949 with Box E checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3)

1a Description, **2** Long-term, **3** Basis not reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain/Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Hillford Investor Class Fund											
Sale	3,842.14000	05/22/2009	08/26/2015	39,381.94	36,214.99			3,166.95			
Sale	18.52600	06/23/2009	08/26/2015	189.89	158.36			31.53			
Sale	18.02500	09/23/2009	08/26/2015	184.76	162.74			22.02			
Sale	17.98500	12/23/2009	08/26/2015	184.35	156.87			27.48			
Sale	18.35200	03/23/2010	08/26/2015	188.11	150.74			37.37			
Sale	17.84200	06/23/2010	08/26/2015	182.88	146.35			36.53			
Sale	17.65200	09/23/2010	08/26/2015	180.93	142.58			38.35			
Sale	17.71000	12/23/2010	08/26/2015	181.53	139.86			41.67			
TOTALS				**40,674.39**	**37,272.49**			**3,401.90**			

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.



☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code
ROCKHURST CASINO
10411 ATHENS RD
FAIRVIEW KY, 42221

PAYER'S Federal identification number: 63-3XXXXXX
Payer's Telephone number: 866-555-1211

WINNER'S name, address, city, state, and ZIP
YVONNE SMITH
30911 BARD ROAD
YOUR CITY, STATE, ZIP

1. Gross winnings: $1,200.00
2. Date won: 04/15/2015
3. Type of wager: SLOTS
4. Federal income tax withheld: $200.00
5. Transaction:
6. Race:
7. Winnings from identical wagers:
8. Cashier: 2718
9. Winner's taxpayer identification no.: 622-XX-XXXX
10. Window:
11. First I.D.: DRIVER LICENSE
12. Second I.D.: CREDIT CARD
13. State Payer's identification no.: YS 2330814
14. State Winnings: $1,200.00
15. State income tax withheld: $200.00
16. Local Winnings:
17. Local income tax withheld:
18. Name of locality:

2015
Form W2-G
Certain Gambling Winnings
This information is being furnished to the Internal Revenue Service
Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature >
Date >

Form W-2G

McCook's list of Schedule A expenses:

Health insurance for Yvonne	$2,700
Doctor bills	2,723
Hospital bills	6,230
Medical mileage	1210 miles
Prescription drugs	7,355
Prescription eyeglasses	275
Church donations (has statement)	1,500
Church raffle ticket (didn't win)	25
Public Broadcasting system (paid by check)	300
Salvation Army (old clothes, good condition)	360
Home mortgage interest	3,258
County real estate tax	825
City real estate tax	128
Personal property tax (based on vehicle value)	425
Gambling losses	2,550

SUPPLEMENTAL EXERCISE 1

Yvonne and Troy remodeled their home in 2015. On January 23, they donated the following to Habitat for Humanity. All items were in good to excellent working condition, and they provide the following written information:

Refrigerator valued at $200
Dishwasher valued at $120
Microwave valued at $25
Electric stove valued at $105
Washing machine valued at $150
Clothes dryer valued at $80

On June 19 they donated their bedroom set valued at $450 to Operation Homefront, and provide that receipt.

SUPPLEMENTAL EXERCISE 2

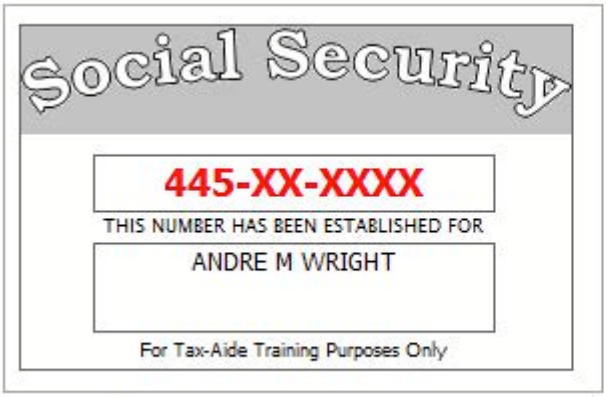
Troy and Yvonne moved into your state on the March 31, 2015. Previously, they lived in a state that had no income tax. Use WA state with no local sales tax to calculate their sales tax for January through March.

Interview Notes – Wright

André is a single dad and provides total support for his son, John. He purchased insurance thru the Marketplace for both of them, and brings form 1095-A with him.

No one else can claim André or his son as a dependent.

André received rent for providing space on a vacant lot next to his home to house bee hives. André paid for John to attend before- and after-school care at Lafayette Day Care while André was at work.



Lafayette Day Care EIN 12-4xxxxxx
775 Campbell Drive
Your City, State, Zip

January 25, 2016

Received for day care for John Wright January – December 2015: $1,875.00

Account paid in full

Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Are you a U.S. citizen?
Andre	M	Wright	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
516 Windgate Road		Your City	Your State	Your Zip

4. Telephone number(s) 841-555-xxxx Email address (optional)

5. Your Date of Birth	6. Your job title	7. Last year, were you:					
2/17/1975	Lab Technician	a. Full time student	☐ Yes	☒ No	b. Totally and permanently disabled	☐ Yes	☒ No
		c. Legally blind	☐ Yes	☒ No			
8. Your spouse's Date of Birth	9. Your spouse's job title	10. Last year, was your spouse:					
		a. Full time student	☐ Yes	☐ No	b. Totally and permanently disabled	☐ Yes	☐ No
		c. Legally blind	☐ Yes	☐ No			

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☒ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☐ Married — a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☐ No
  b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated — Date of final decree or separate maintenance agreement _____
- ☐ Widowed — Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*
John Wright	5/15/2005	Son	12	Y	Y	S	Y	N					

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

Wright

-89-

-90-

Wright

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? 2
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income?
☐	☒	☐	7. (A) Self-Employment income? (Form 1099-MISC, cash)
☐	☒	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☒	☐	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment compensation? (Form 1099-G)
☐	☒	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☒	☐	☐	14. (M) Income (or loss) from Rental Property?
☐	☒	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☐	☒	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? IRA (A) x 401K (B) Roth IRA (B) Other
☐	☒	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☐	☒	☐	5. (B) Medical expenses? (including health insurance premiums)
☐	☒	☐	6. (B) Home mortgage interest? (Form 1098)
☐	☒	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. (B) Charitable contributions?
☒	☐	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☒	☐	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where?
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

a. Employee's social security number
445-XX-XXXX

b. Employer Identification number (EIN)	1. Wages, tips, other compensation	2. Federal income tax withheld
44-2XXXXXX	$16,765.11	$1,268.23
c. Employer's name, address, city state and ZIP Code	3. Social security wages	4. Social security tax withheld
DILLARD TECHNOLOGY 1134 FRIENDLY BLVD, N.W. TAMPA, FL 33635	$17,923.65	$1,111.27
	5. Medicare wages and tips $17,923.65	6. Medicare tax withheld $259.89
	7. Social security tips	8. Allocated tips
d. Control number	9.	10. Dependant care benefits
e. Employee's name (first, initial, last), address, city, state and ZIP code ANDRE WRIGHT 516 WINGATE ROAD YOUR CITY, STATE, ZIP	11. Nonqualified plans	12a. See instructions for box 12 D $1,158.54
	13. Statutory Employee ☐ Retirement Plan ☒ Third-party sickpay ☐	12b.
	14. Other	12c.
		12c.

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	1-337-695	$16,765.11	$503.00			

Form **W-2** **2015**

a. Employee's social security number
445-XX-XXXX

b. Employer Identification number (EIN)	1. Wages, tips, other compensation	2. Federal income tax withheld
44-3XXXXXX	$12,465.56	$1,219.00
c. Employer's name, address, city state and ZIP Code	3. Social security wages	4. Social security tax withheld
REINHARDT TECHNOLOGY 74 LAWRENCE AVENUE SAINT PETERSBURG, FL 33702	$12,465.56	$772.86
	5. Medicare wages and tips $12,465.56	6. Medicare tax withheld $180.75
	7. Social security tips	8. Allocated tips
d. Control number 13876532	9.	10. Dependant care benefits $750.00
e. Employee's name (first, initial, last), address, city, state and ZIP code ANDRE WRIGHT 516 WINDGATE ROAD YOUR CITY, STATE, ZIP	11. Nonqualified plans	12a. See instructions for box 12
	13. Statutory Employee ☐ Retirement Plan ☐ Third-party sickpay ☐	12b.
	14. Other	12c.
		12c.

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	1-337-695	$12,465.56	$675.89			

Form **W-2** **2015**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	Payer's RTN (optional)	2015	Interest Income
NEWCOMB SAVINGS & LOAN 3265 ELON WAY BALTIMORE, MD 21233	1 Interest income $147.31	Form 1099-INT	
	2 Early withdrawal penalty $15.75		Copy B For Recipient
PAYER'S Federal identification number: 44-1XXXXXX	RECIPIENT'S identification number: 445-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations	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 is has not been reported.
RECIPIENT'S name, address, city, state, and ZIP code ANDRE WRIGHT 516 WINDGATE RD YOUR CITY, STATE, ZIP	4 Federal income tax withheld	5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest	9 Specified private activity bond interest	
	10 Market Discount	11 Bond Premium	
Account number (see instructions)	12 Tax-exempt bond CUSIP no	13 State	14 State Identification no. / 15 State tax withheld

Form **1099-INT**

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Rents $90.00	2015 Form 1099-MISC	Miscellaneous Income
NATURES HONEY 314 DOWN HOME TERRACE YOUR CITY, STATE, ZIP	2 Royalties		
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number: 44-5XXXXXX	RECIPIENT'S identification number: 445-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments
RECIPIENT'S name, address, city, state, ZIP code ANDRE WRIGHT 516 WINDGATE ROAD YOUR CITY, STATE, ZIP	7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	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 is has not been reported.
	9 Payer made direct sales $5,000 or more of consumer products to a buyer (recipient) for resale > ☐	10 Crop Insurance proceeds	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals / 15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income

Form **1099-MISC**

Form **1095-A** Department of the Treasury Internal Revenue Service	**Health Insurance Marketplace Statement** > Information about Form 1095-A and its separate instructions is at www.irs.gov/from1095a. ☐ CORRECTED	OMB No. 1545-2232 **2015**

Part I Recipient Information

1 Marketplace Identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
69-9898988	J56484455	ANTHEM BLUE CROSS BLUE SHIELD
4 Recipient' name		5 Recipient's SSN / 6 Recipient's date of birth
ANDRE WRIGHT		445-XX-XXXX / 02/17/1975
7 Recipient' spouses's name		8 Recipient's spouse's SSN / 9 Recipient's spouse's date of birth
10 Policy start date: 01/01/2015	11 Policy Termination Date: 12/31/2015	12 Street Address (including apartment number): 516 WINDGATE RD
13 City, State, Country and ZIP code: YOUR CITY, STATE, ZIP		

Part II Coverage Household

	A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16	ANDRE WRIGHT	445-XX-XXXX	02/17/1975	01/01/2015	12/31/2015
17	JOHN WRIGHT	446-XX-XXXX	05/15/2005	01/01/2015	12/31/2015
18					

Part III Household Information

Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	$629.00	$731.00	$574.00
22 February	$629.00	$731.00	$574.00
23 March	$629.00	$731.00	$574.00
24 April	$629.00	$731.00	$574.00
25 May	$629.00	$731.00	$574.00
26 June	$629.00	$731.00	$574.00
27 July	$629.00	$731.00	$574.00
28 August	$629.00	$731.00	$574.00
29 September	$629.00	$731.00	$574.00
30 October	$629.00	$731.00	$574.00
31 November	$629.00	$731.00	$574.00
32 December	$629.00	$731.00	$574.00
33 Annual Totals	$7,548.00	$8,772.00	$6,888.00

SUPPLEMENTAL EXERCISE

Andre' attended night classes at the local junior college and received the following 1098-T. He also paid $250 for books. His grant is unrestricted.

☐ **CORRECTED (if checked)**

FILER'S name, address, city, state,and ZIP code	1 Payments received for qualified tuition and related expenses	**2015** Form 1098-T	**Tuition Statement**
UPRIVER COMMUNITY COLLEGE 1000 GARDEN AVE YOUR CITY, STATE, ZIP	2 Amounts billed for qualified tuition and related expenses: $3,500.00		

FILER'S Federal identification number	STUDENT'S social security number	3 If this box is checked, your educational institution has changed its reporting method for 2015. ☐	**Copy B For Student**
44-7XXXXXX	445-XX-XXXX		

STUDENT'S name, address, city, state,and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants: $3,700.00	This is important tax information and is being furnished to the Internal Revenue Service.
ANDRE WRIGHT 516 WINGATE ROAD YOUR CITY, STATE, ZIP	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 2014. > ☐	

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

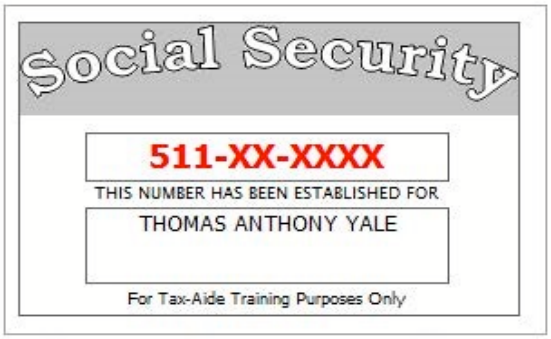
Form **1098-T**

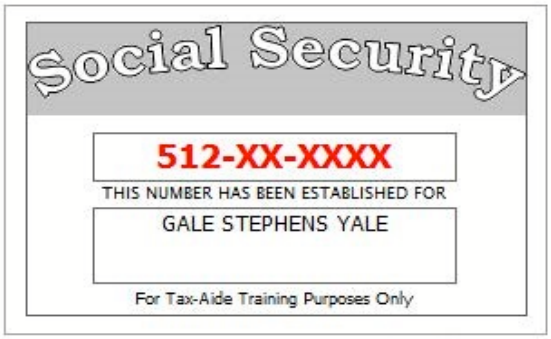
Interview Notes – Yale

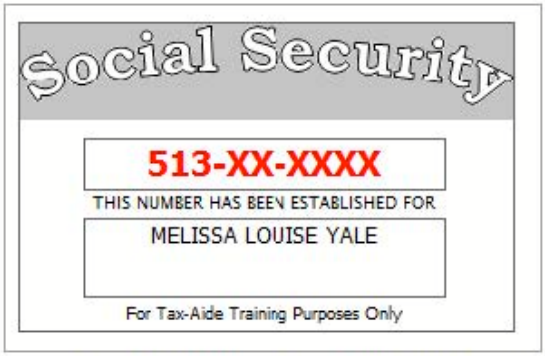
Thomas and Gale want to file a joint return.

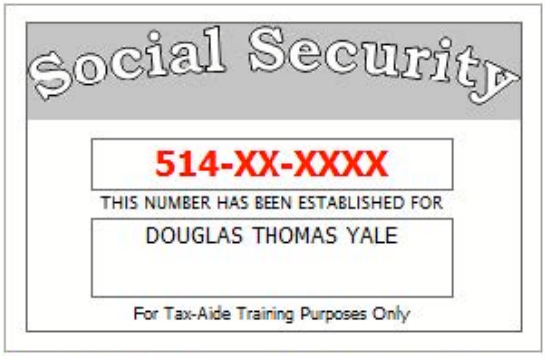
Gale is a teacher and works part-time as a waitress. Thomas is a retired police officer and is currently self-employed as a math and science tutor.

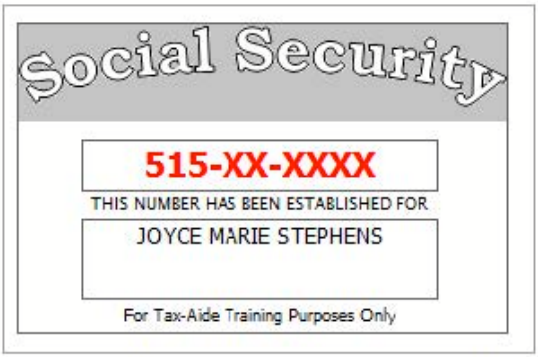
Gale's mother, Joyce Stephens, has lived with the Yales for the entire year. Her entire income consists of $1,500 earned as a teacher's aide, $275 in interest and $3,800 in Social Security benefits. Thomas and Gale provide more than half of Joyce's total support.











Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Are you a U.S. citizen?
Thomas	A	Yale	☒ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen?
Gale	S	Yale	☒ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code
3421 Hartford Street		Your City	Your State	Your Zip

4. Telephone number(s) 553-555-xxxx Email address (optional)

5. Your Date of Birth	6. Your job title	7. Last year, were you:					
11/12/1949	Tutor	a. Full time student	☐ Yes	☒ No			
		b. Totally and permanently disabled	☐ Yes	☒ No	c. Legally blind	☐ Yes	☒ No
8. Your spouse's Date of Birth	9. Your spouse's job title	10. Last year, was your spouse:					
3/27/1964	Teacher	a. Full time student	☐ Yes	☒ No			
		b. Totally and permanently disabled	☐ Yes	☒ No	c. Legally blind	☐ Yes	☒ No

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☒ Married — a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☐ No
  b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated — Date of final decree or separate maintenance agreement _____
- ☐ Widowed — Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*
Melissa Yale	5/7/2004	Daughter	12	Y	Y	S	Y	N					
Douglas Yale	1/14/1996	Son	12	Y	Y	S	Y	N					
Joyce Stephens	9/5/1937	Mother	12	Y	Y	S	N	Y					

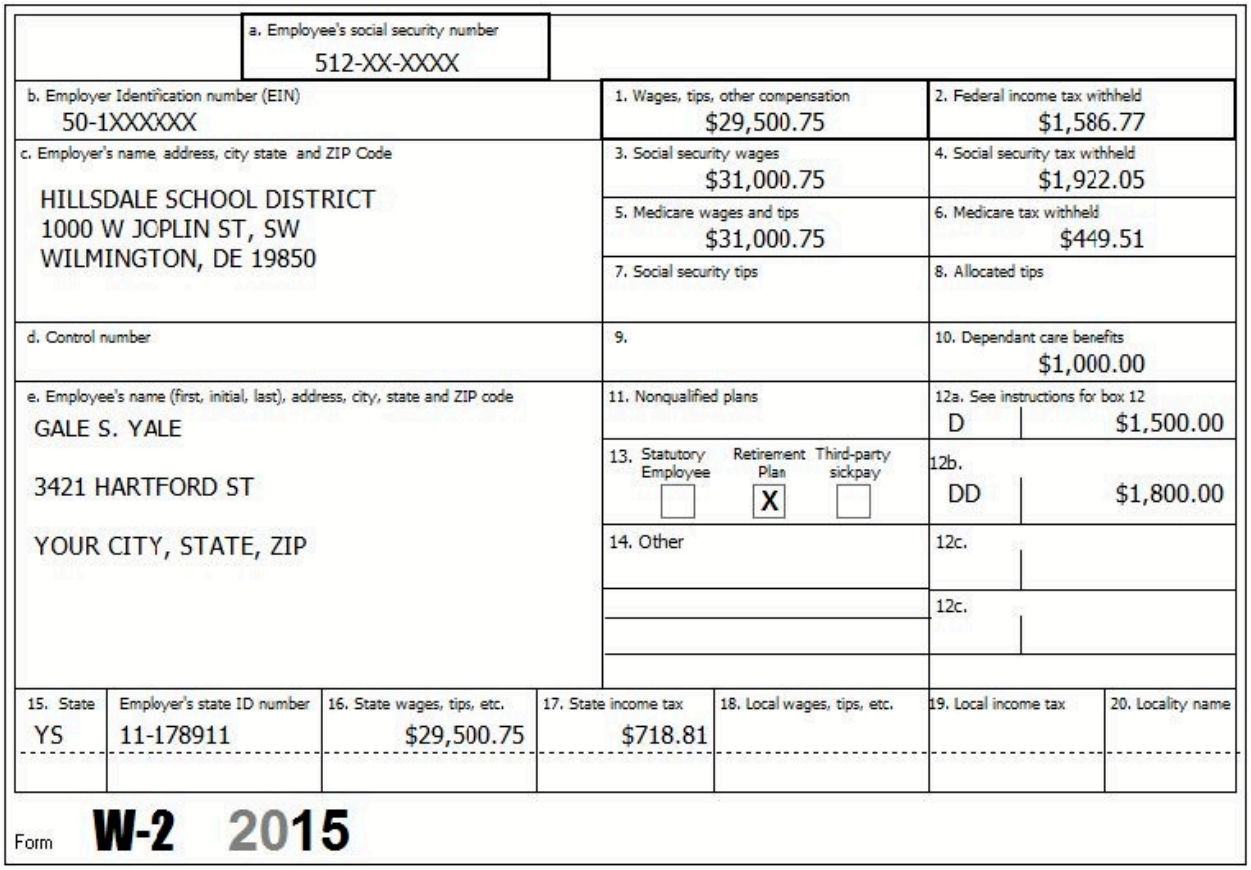
Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

-96-

Yale

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? 2
☒	☐	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☒	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income?
☒	☐	☐	7. (A) Self-Employment income? (Form 1099-MISC, cash)
☒	☐	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☐	☒	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	12. (B) Unemployment compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from Rental Property?
☒	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify Gambling/Jury Duty
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☒	☐	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☒ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? x IRA (A) x 401K (B) Roth IRA (B) Other
☒	☐	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☒	☐	☐	5. (B) Medical expenses? (including health insurance premiums)
☒	☐	☐	6. (B) Home mortgage interest? (Form 1098)
☒	☐	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. (B) Charitable contributions?
☒	☐	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☒	☐	☐	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?
☐	☒	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where?
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☒	☐	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Line 7 - WAGES:



a. Employee's social security number: 512-XX-XXXX						
b. Employer Identification number (EIN): 50-1XXXXXX			1. Wages, tips, other compensation: $29,500.75		2. Federal income tax withheld: $1,586.77	
c. Employer's name, address, city state and ZIP Code: HILLSDALE SCHOOL DISTRICT 1000 W JOPLIN ST, SW WILMINGTON, DE 19850			3. Social security wages: $31,000.75		4. Social security tax withheld: $1,922.05	
			5. Medicare wages and tips: $31,000.75		6. Medicare tax withheld: $449.51	
			7. Social security tips		8. Allocated tips	
d. Control number			9.		10. Dependant care benefits: $1,000.00	
e. Employee's name (first, initial, last), address, city, state and ZIP code: GALE S. YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP			11. Nonqualified plans		12a. See instructions for box 12: D $1,500.00	
			13. Statutory Employee: ☐ Retirement Plan: X Third-party sickpay: ☐		12b. DD $1,800.00	
			14. Other		12c.	
					12c.	
15. State: YS	Employer's state ID number: 11-178911	16. State wages, tips, etc.: $29,500.75	17. State income tax: $718.81	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2** 2015

Note: Form 8880 will appear on the tree – do not complete at this time.

a. Employee's social security number					
512-XX-XXXX					
b. Employer Identification number (EIN)		1. Wages, tips, other compensation		2. Federal income tax withheld	
50-2XXXXXX		$4,325.33		$275.25	
c. Employer's name, address, city state and ZIP Code		3. Social security wages		4. Social security tax withheld	
CHAFFEY FAMILY FOODS 12 MENLO ROAD ASSARIA, KS 67416		$2,925.33		$268.17	
		5. Medicare wages and tips		6. Medicare tax withheld	
		$4,325.33		62.72	
		7. Social security tips		8. Allocated tips	
		$1,400.00			
d. Control number		9.		10. Dependant care benefits	
e. Employee's name (first, initial, last), address, city, state and ZIP code		11. Nonqualified plans		12a. See instructions for box 12	
GALE S. YALE 3421 HARTFORD STREET YOUR CITY, STATE, ZIP		13. Statutory Employee ☐ Retirement Plan ☐ Third-party sickpay ☐		12b.	
		14. Other		12c.	
				12c.	

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	32-2123654	$4,325.33	$257.16			

Form **W-2** **2015**

Gale kept a daily tip record and reported her tips to her employer as required. She was not required to report her tips for January, March, May, September, and November because she received less than $20 per month. Her total unreported tip income totaled $95 for the months that were less than $20.

Add Form 4137, *Social Security Tax on UnreportedTip Income (Spouse),* and enter $95 on line 4, unreported tips, and $95 on line 5, cash and charge tips not reported to her employer because the total was less than $20 in a calendar month.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 8 - INTEREST:

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	Payer's RTN (optional)	2015 Form 1099-INT	Interest Income
VINCENNES FEDERAL CREDIT UNION 15321 TYLER ST HARTFORD, CT 06101	1 Interest income $379.45		
	2 Early withdrawal penalty		Copy B For Recipient
PAYER'S Federal identification number: 50-3XXXXXX / RECIPIENT'S identification number: 511-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations		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 is has not been reported.
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP	4 Federal income tax withheld $38.00	5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest	9 Specified private activity bond interest	
	10 Market Discount	11 Bond Premium	
Account number (see instructions)	12 Tax-exempt bond CUSIP no	13 State / 14 State Identification no.	15 State tax withheld

Form 1099-INT

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	Payer's RTN (optional)	2015 Form 1099-INT	Interest Income
MERCER NATIONAL BANK 1412 HASTINGS HWY BUFFALO, NY 14240	1 Interest income		
	2 Early withdrawal penalty		Copy B For Recipient
PAYER'S Federal identification number: 50-4XXXXXX / RECIPIENT'S identification number: 511-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations $650.00		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 is has not been reported.
RECIPIENT'S name, address, city, state, and ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP	4 Federal income tax withheld	5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Tax exempt interest $208.00	9 Specified private activity bond interest	
	10 Market Discount	11 Bond Premium	
Account number (see instructions)	12 Tax-exempt bond CUSIP no	13 State / 14 State Identification no.	15 State tax withheld

Form 1099-INT

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 9 – DIVIDENDS:

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Total Ordinary Dividends	2015	Dividends and Distributions
MENLO GLOBAL INC 368 CALVIN ST BANGOR, ME 04401	$355.76	Form 1099-DIV	
	1b Qualified Dividends $305.76		
	2aTotal capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient
PAYER'S Federal identification number: 50-5XXXXXX / RECIPIENT'S identification number: 511-XX-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP	3 Nondividend distributions $25.00	4 Federal income tax withheld	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 cetermines that is has not been reported.
		5 Investment expenses	
	6 Foreign Tax Paid $4.75	7 Foreign Country or US possession	
	8 Cash liquidation distributions	9 Noncash liquidation distribution	
	10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	
Account number (see instructions)	13 State	14 State Identification no.	15 State tax withheld

Form 1099-DIV

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Total Ordinary Dividends	2015	Dividends and Distributions
DUQUESNE INDUSTRIES INC 23 FRANKLIN DRIVE PITTSBURG, PA 15219	$456.26	Form 1099-DIV	
	1b Qualified Dividends		
	2aTotal capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient
PAYER'S Federal identification number: 50-6XXXXXX / RECIPIENT'S identification number: 512-XX-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code GALE S. YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP	3 Nondividend distributions	4 Federal income tax withheld $45.00	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 cetermines that is has not been reported.
		5 Investment expenses	
	6 Foreign Tax Paid	7 Foreign Country or US possession	
	8 Cash liquidation distributions	9 Noncash liquidation distribution	
	10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	
Account number (see instructions)	13 State	14 State Identification no.	15 State tax withheld

Form 1099-DIV

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 10 – TAXABLE REFUNDS:

Thomas and Gale did not itemize last year, but they did receive a refund from the state department of revenue in the amount of $450.

Line 12 – BUSINESS INCOME, SCHEDULE C:

Thomas is self-employed as a math and science tutor. He furnishes you with the following information.

Cash income from various students	$2,800
Income from Lafayette Tutor Services on 1099-MISC	$3,125

Business expenses:

Advertising	$150
Office supplies	$345
Agency fees	$ 50

He uses the business code 611000 on his Schedule C.

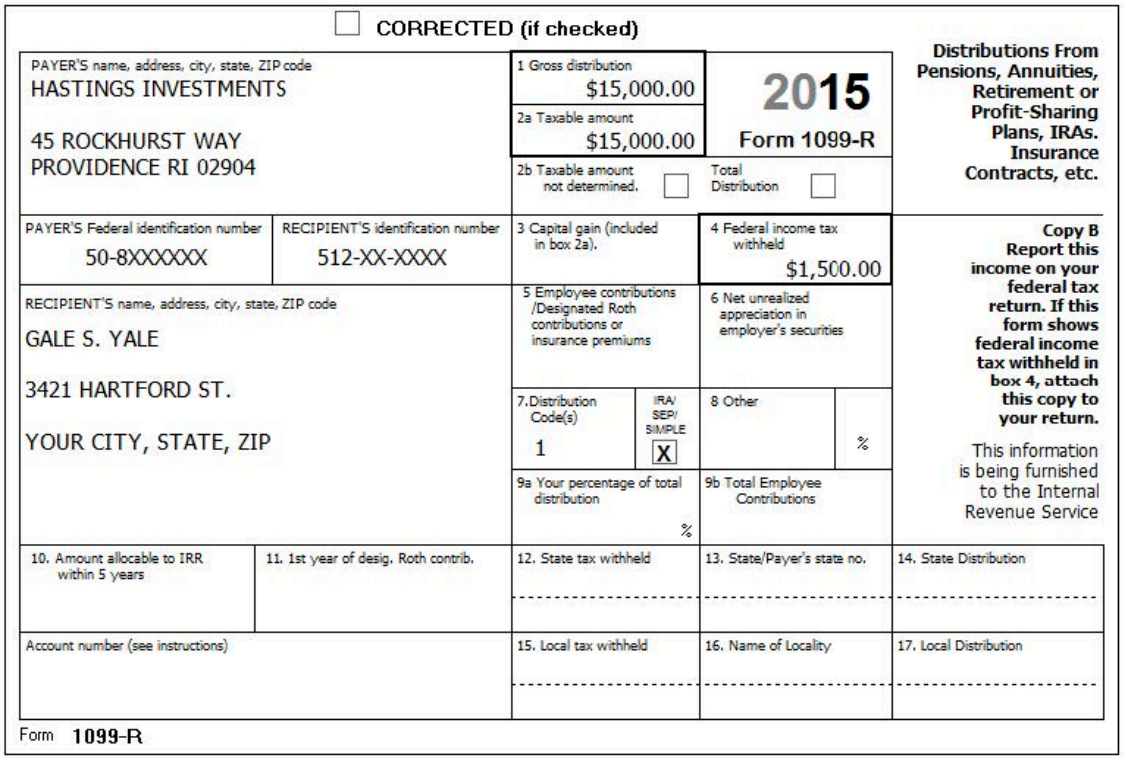
☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code		1 Rents	2015 Form 1099-MISC	Miscellaneous Income
LAFAYETTE TUTOR SERVICES 8350 BLUEFIELD WAY, SUITE 240 CONCORD, NH 03301		2 Royalties		
		3 Other Income	4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number 50-7XXXXXX	RECIPIENT'S identification number 511-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name, address, city, state, ZIP code THOMAS YALE 3421 HARTFORD ST YOUR CITY, STATE, ZIP		7 Nonemployee Compensation $3,125.00	8 Substitute payments in lieu of dividends or interest	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 is has not been reported.
		9 Payer made direct sales $5,000 or more of consumer products to a buyer (recipient) for resale > ☐	10 Crop Insurance proceeds	
		11	12	
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income

Form 1099-MISC

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 15 – IRA DISTRIBUTIONS:
Gale received the following early distribution from her IRA to make major home repairs.



☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code
HASTINGS INVESTMENTS
45 ROCKHURST WAY
PROVIDENCE RI 02904

1 Gross distribution: $15,000.00
2a Taxable amount: $15,000.00
2b Taxable amount not determined. ☐ Total Distribution ☐

2015 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.

PAYER'S Federal identification number: 50-8XXXXXX
RECIPIENT'S identification number: 512-XX-XXXX
3 Capital gain (included in box 2a).
4 Federal income tax withheld: $1,500.00

RECIPIENT'S name, address, city, state, ZIP code
GALE S. YALE
3421 HARTFORD ST.
YOUR CITY, STATE, ZIP

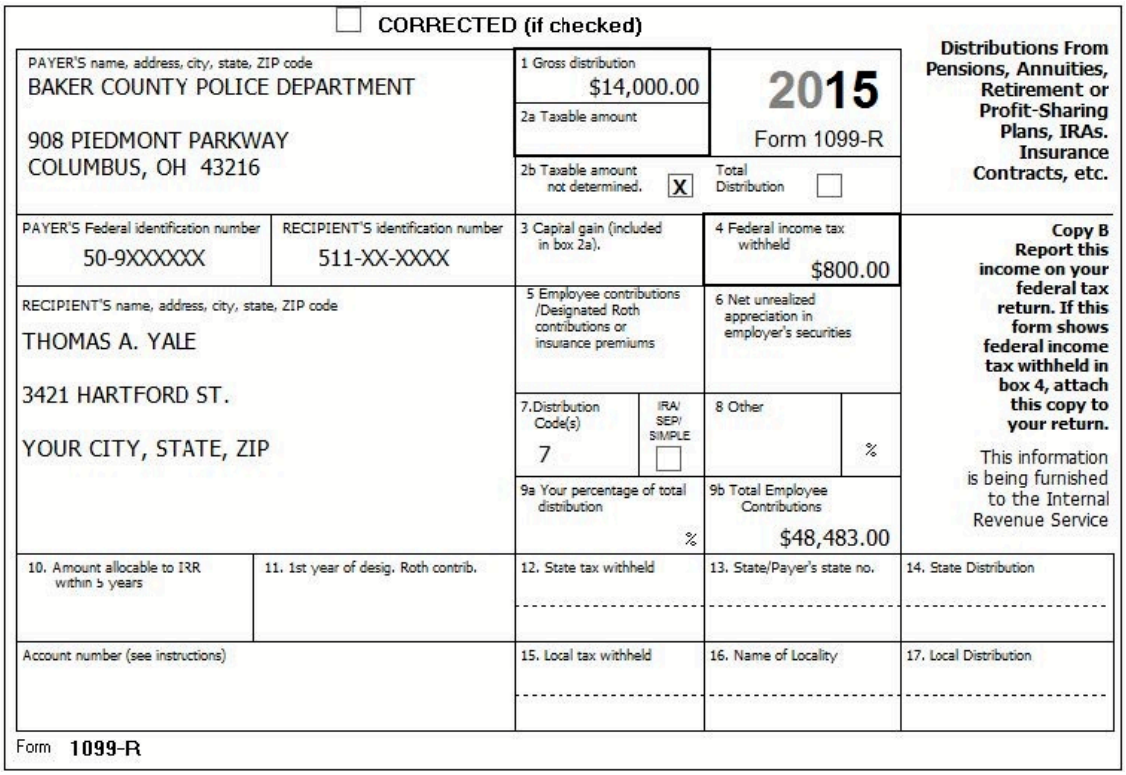
5 Employee contributions /Designated Roth contributions or insurance premiums
6 Net unrealized appreciation in employer's securities
7. Distribution Code(s): 1
IRA/SEP/SIMPLE: X
8 Other
9a Your percentage of total distribution %
9b Total Employee Contributions

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
This information is being furnished to the Internal Revenue Service

10. Amount allocable to IRR within 5 years
11. 1st year of desig. Roth contrib.
12. State tax withheld
13. State/Payer's state no.
14. State Distribution
Account number (see instructions)
15. Local tax withheld
16. Name of Locality
17. Local Distribution

Form 1099-R

Line 16 – PENSIONS AND ANNUITIES



☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code
BAKER COUNTY POLICE DEPARTMENT
908 PIEDMONT PARKWAY
COLUMBUS, OH 43216

1 Gross distribution: $14,000.00
2a Taxable amount
2b Taxable amount not determined. X Total Distribution ☐

2015 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.

PAYER'S Federal identification number: 50-9XXXXXX
RECIPIENT'S identification number: 511-XX-XXXX
3 Capital gain (included in box 2a).
4 Federal income tax withheld: $800.00

RECIPIENT'S name, address, city, state, ZIP code
THOMAS A. YALE
3421 HARTFORD ST.
YOUR CITY, 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: $48,483.00

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
This information is being furnished to the Internal Revenue Service

10. Amount allocable to IRR within 5 years
11. 1st year of desig. Roth contrib.
12. State tax withheld
13. State/Payer's state no.
14. State Distribution
Account number (see instructions)
15. Local tax withheld
16. Name of Locality
17. Local Distribution

Form 1099-R

Thomas received his first pension check on July 1, 2013, and chose the joint annuity option. He is a retired public safety officer and has records to show that his health insurance premiums were paid from this pension check for a total amount of $3,875.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 20a – SOCIAL SECURITY BENEFITS:

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015 ○ 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
THOMAS ANTHONY YALE		511-XX-XXXX
Box 3. Benefits Paid in 2015	**Box 4. Benefits Repaid to SSA in**	**Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4)**
$10,800.00		$10,800.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$9,541.20	
Medicare Part B premiums deducted from your benefits	$1,258.80	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$.00	
Total Additions	$10,800.00	Box 6. Voluntary Federal Income Tax Withheld
Benefits for 2015	$10,800.00	
		Box 7. Address THOMAS ANTHONY YALE 3421 HARTFORD STREET YOUR CITY, STATE, ZIP
Benefits for 2014		
Benefits for 2013		
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA) 511-XX-XXXXA

Form SSA-1099-SM

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 21 – OTHER INCOME: Gale reports that she had $1,040 in gambling losses.

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code	1. Gross winnings	2. Date won	**2015**
BLUFFTON CASINO 1921 CORNELL COURT DETROIT, MI 48233	$750.00	05/15/2015	**Form W2-G**
	3. Type of wager BLACKJACK	4. Federal income tax withheld	**Certain Gambling Winnings**
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number: 51-0XXXXXX Payer's Telephone number: 213-555-1111	9. Winner's taxpayer identification no. 512-XX-XXXX	10. Window	This information is being furnished to the Internal Revenue Service
WINNER'S name, address, city, state, and ZIP GALE YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP	11. First I.D.	12. Second I.D.	
	13. State Payer's identification no.	14. State Winnings	**Copy B** **Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
	15. State income tax withheld	16. Local Winnings	
	17. Local income tax withheld	18. Name of locality	

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature > **Date >**

Form W-2G

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 27 –ONE-HALF OF SELF-EMPLOYMENT TAX ADJUSTMENT:

This is an automatic entry using software, but it should be explained to the taxpayer

Line 31a – ALIMONY PAID ADJUSTMENT:

Thomas paid his ex-wife Judy, $500 each month in alimony. Judy's SSN is 516-xx-xxxx.

Line 32 IRA DEDUCTION:

Thomas contributed $5,000 to a traditional IRA.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 33 – STUDENT LOAN INTEREST DEDUCTION:

Gale paid $800 in interest on student loans needed to obtain her Master of Science degree in Elementary Education.

Line 35 - JURY DUTY ADJUSTMENT

Gale was a federal juror for four weeks during March (20 weekdays). While serving on jury duty she received $40 per day for her jury service.

Gale's employer continued to pay her salary for the first two weeks of her jury service on the condition that any jury duty pay received during those 10 weekdays be surrendered to the employer.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 40 – ITEMIZED DEDUCTIONS, SCHEDULE A:

Medical insurance for Melissa & Douglas	$2,475
Hospital bills (unreimbursed)	275
Doctor bills (unreimbursed)	450
Dentist bills (reimbursed by insurance)	1,100
Antihistamine (unreimbursed)	185
Prescription drugs for Joyce, paid by Gale (unreimbursed)	625
Life insurance premiums	250
Insulin (unreimbursed)	300
Vitamins (unreimbursed)	100
Federal income tax	3,525
Personal property tax (value based)	465
Real estate taxes	2,200
Utility taxes	635
Mortgage interest (secured by main home and used to buy it)	8,755
Credit card interest	850
Personal loan interest	319
Church contributions (statement provided)	3,002
Chamber of Commerce contributions	125
Homeowner's association fees	550
Raffle tickets at church	75
Union dues	185
Safety deposit box (for investment records)	75

(Use Indiana for state sales tax, with no local tax added)

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 49 – CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES, FORM 2441

Thomas and Gale paid $2,800 to Dana Child Care Center for after-school care for Melissa so that they could work. The center's EIN is 52-0xxxxxx, and the address is 1648 Baylor Avenue, your City/State/ZIP.

Line 50 - EDUCATION

Joyce paid $1,000 for a college course to improve her classroom management skills. Thomas and Gale ask if that is deductible on their tax return. She also attended Ashland University, but they did not provide a 1098-T.

Their son, Douglas, attends college and started his first year last fall. He has never had a conviction of a felony for possession or distribution of a controlled substance.

☐ CORRECTED (if checked)

FILER'S name, address, city, state,and ZIP code	1 Payments received for qualified tuition and related expenses	2015	Tuition Statement
ASHLAND UNIVERSITY 319 KENDALL CIRCLE MEMPHIS, TN 38101	$7,500.00 2 Amounts billed for qualified tuition and related expenses	Form 1098-T	

FILER'S Federal identification number	STUDENT'S social security number	3 If this box is checked, your educational institution has changed its reporting method for 2015. ☐	Copy B For Student
52-2XXXXXX	514-XX-XXXX		

STUDENT'S name, address, city, state,and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information and is being furnished to the Internal Revenue Service.
DOUGLAS YALE 3421 HARTFORD ST. YOUR CITY, STATE, ZIP	6 Adustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January March 2014. > ☐	

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**

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 61 - ACA

Both Thomas and Joyce have Medicare as their insurance provider. Gale has insurance provided by her employer. An private insurance policy was purchased that covers both Melissa and Douglas at the cost of $2,475 for the year as shown above.

Line 66a – EARNED INCOME CREDIT:

Thomas and Gale want to know if they qualify for an earned income credit this year. If applicable, complete the questions on Schedule EIC and EIC worksheet.

Refund Monitor: **AGI** _____ **Refund/Due** _____

Line 76 – AMOUNT TO BE REFUNDED

Thomas and Gale would like their refund to be deposited in their checking account.

THOMAS & GALE YALE **1234**

3421 HARTFORD STREET
YOUR CITY, STATE, ZIP

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

Your Bank
Bank City, State, ZIP Code

For _____ _____

⑆322070239 ⑆002020452345 **1234**

SUPPLEMENTAL EXERCISE

After the return was filed, a co-worker told Gale that she could deduct her travel costs while she worked a temporary job during the summer. Gail had been offered a chanced to spend a month at the state capital working on a Common Core team. Her school district paid her for the extra days but did not reimburse her for her traveling expenses. She was gone 30 days, drove 400 miles round trip, and also put 150 miles on her car driving between the hotel and the worksite.

Meals	$1,050
Lodging	$2,400
Parking	$ 90
Laundry	$ 24
Daily newspaper	$ 34
Movie rental	$ 105

She asks you to amend the return to claim the allowable expenses.

SPECIAL NOTE: This Kerry return is a very comprehensive scenario with numerous tax law areas for discussion in the class room. It is intended to be used with TWO Immersion Series II lessons, which break the return down into bite-size pieces.

Interview Notes – Kerry

Kevin and Mary are full time residents of your state and they want to file a state return

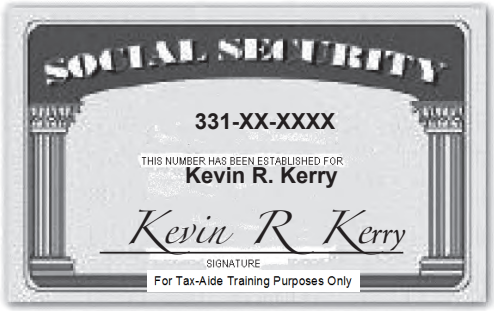
Kevin and Mary provided 100% of the support for both Yvonne and Terri. Yvonne moved in with her baby early 2015 after losing her job. During 2015, she was a full-time student for ten months and classified as a freshman at a local college. Yvonne has never been convicted of a felony.

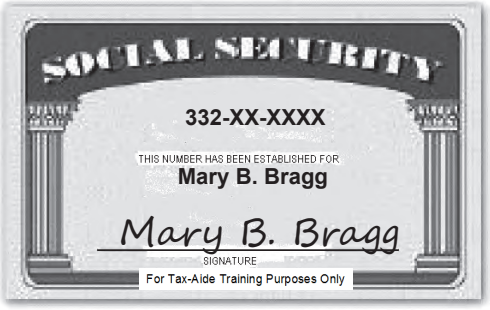
Kevin and Mary paid for day care for Kevin's granddaughter Terri (who lived with them full time) while they both worked.

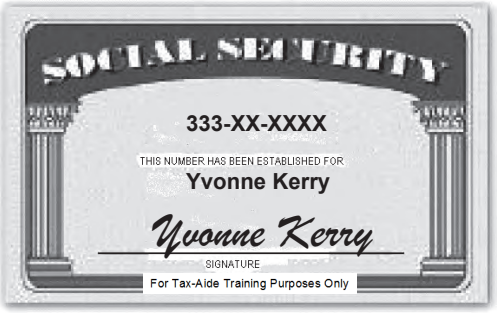
Penny Bragg is Mary's older sister who is totally and permanently disabled. Penny lived with the Kerrys all year and was fully supported by them.

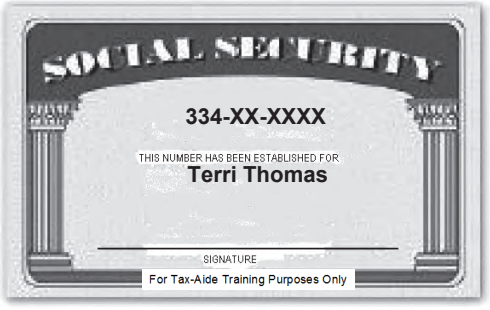
Mary received $1,500 cash from the estate of her great-aunt.

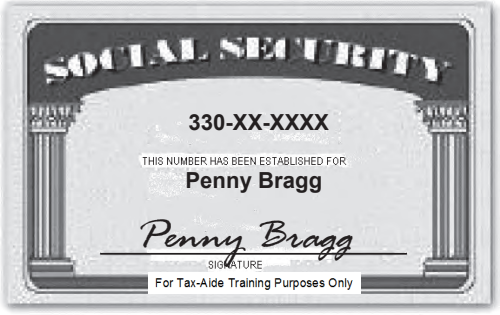
Kevin and Penny had Medicare all year. Mary had health insurance through her employer. Yvonne and Terri had minimum essential health coverage starting March that was purchased through the Marketplace; they did not have coverage January or February.











Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS certified volunteer preparer.**

Part I – Your Personal Information

1. Your first name: Kevin	M.I.: R	Last name: Kerry			Are you a U.S. citizen? ☒ Yes ☐ No
2. Your spouse's first name: Mary	M.I.: B	Last name: Bragg			Is your spouse a U.S. citizen? ☒ Yes ☐ No
3. Mailing address: 8705 Somersby Way		Apt #:	City: Your City	State: YS	ZIP code: Your Zip
4. Telephone number(s): 259-555-xxxx		Email address (optional)			

5. Your Date of Birth: 07/28/1943	6. Your job title: Clerk	7. Last year, were you: a. Full time student ☐ Yes ☒ No; b. Totally and permanently disabled ☐ Yes ☒ No; c. Legally blind ☐ Yes ☒ No
8. Your spouse's Date of Birth: 01/15/1953	9. Your spouse's job title: Deceased 12/12/15	10. Last year, was your spouse: a. Full time student ☐ Yes ☒ No; b. Totally and permanently disabled ☐ Yes ☒ No; c. Legally blind ☐ Yes ☒ No

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☒ No b. Adopted a child? ☐ Yes ☒ No

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
- ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☒ Married — a. Did you live with your spouse during any part of the last six months of 2014? ☒ Yes ☐ No; b. Was your marriage recognized under the laws of the state(s) you are filing in? ☒ Yes ☐ No ☐ Unsure
- ☐ Divorced or Legally Separated — Date of final decree or separate maintenance agreement: _____
- ☐ Widowed — Year of spouse's death: _____

Yes

2. List the names below of:
- **everyone** who lived with you last year *(other than you or your spouse)*
- **anyone** you supported but did not live with you last year

Yes Yes Yes

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/14 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer:** Can this person be claimed by someone else as a dependent on their return? *(yes/no)*	Did this person provide more than 50% of their own support? *(yes/no)*	Did this person have less than $3950 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*
Terri Thomas	05/08/11	Grandchild	12	Yes	Yes	S	No	No					
Yvonne Kerry	03/13/93	Daughter	12	Yes	Yes	S	Yes	No					
Penny Bragg	03/17/51	Sister	12	Yes	Yes	S	No	Yes					

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205

-110-

Kerry

Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You *(or Your Spouse)* Receive			
☒	☐	☐	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
☐	☒	☐	2. (A) Tip Income?
☐	☒	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☒	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. (B) Alimony income?
☒	☐	☐	7. (A) Self-Employment income? (Form 1099-MISC, cash)
☒	☐	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☒	☐	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☒	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☒	☐	☐	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
☒	☐	☐	12. (B) Unemployment compensation? (Form 1099-G)
☒	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☒	☐	14. (M) Income (or loss) from Rental Property?
☒	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify
Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay			
☒	☐	☐	1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other
☒	☐	☐	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☒	☐	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☒	☐	☐	5. (B) Medical expenses? (including health insurance premiums)
☒	☐	☐	6. (B) Home mortgage interest? (Form 1098)
☒	☐	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. (B) Charitable contributions?
☒	☐	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☒	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☒	☐	☐	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You *(or Your Spouse)*			
☐	☒	☐	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☒	☐	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
☐	☒	☐	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
☒	☐	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☒	☐	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
☐	☒	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☒	☐	☐	8. (B) Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☒	☐	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Line 7—Wages

a. Employee's social security number: 331-XX-XXXX

b. Employer Identification number (EIN): 25-5XXXXXX

c. Employer's name, address, city state and ZIP Code:
JEFFERSON COUNTY SCHOOL DISTRICT
12210 ROBIN ROAD
INDIANAPOLIS, IN 46204

d. Control number

e. Employee's name (first, initial, last), address, city, state and ZIP code:
KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

1. Wages, tips, other compensation	$9,456.34
2. Federal income tax withheld	$945.63
3. Social security wages	$9,456.34
4. Social security tax withheld	$586.29
5. Medicare wages and tips	$9,456.34
6. Medicare tax withheld	$137.12
7. Social security tips	
8. Allocated tips	
9.	
10. Dependant care benefits	
11. Nonqualified plans	
12a. See instructions for box 12	DD $564.58
13. Statutory Employee: ☐ Retirement Plan: X Third-party sickpay: ☐	
12b.	
14. Other	
12c.	
12c.	

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	25-5XXXXXX	$9,456.34	$574.50			

Form **W-2** 2015

a. Employee's social security number: 332-XX-XXXX

b. Employer Identification number (EIN): 25-6XXXXXX

c. Employer's name, address, city state and ZIP Code:
PETROLEUM OIL & GAS
624 KASPER DRIVE
INDIANAPOLIS, IN 46204

d. Control number

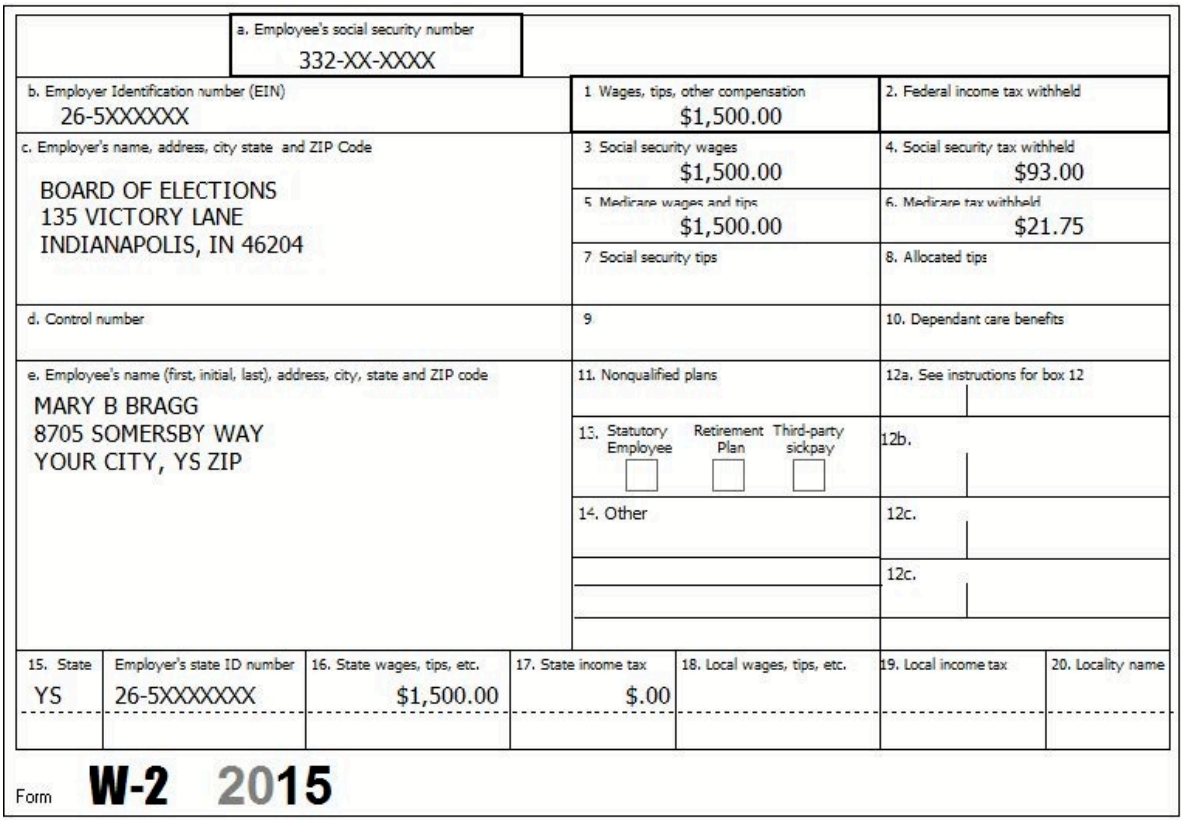
e. Employee's name (first, initial, last), address, city, state and ZIP code:
MARY B BRAGG
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

1. Wages, tips, other compensation	$32,283.00
2. Federal income tax withheld	$1,228.00
3. Social security wages	$35,003.00
4. Social security tax withheld	2,170.19
5. Medicare wages and tips	$35,003.00
6. Medicare tax withheld	$507.54
7. Social security tips	
8. Allocated tips	
9.	
10. Dependant care benefits	$300.00
11. Nonqualified plans	
12a. See instructions for box 12	D $2,720.00
13. Statutory Employee: ☐ Retirement Plan: X Third-party sickpay: ☐	
12b.	DD $4,252.00
14. Other	
12c.	
12c.	

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	25-6XXXXXX	$32,283.00	$935.76			

Form **W-2** 2015

During the year Mary also worked on the Board of Elections at the voting center close to her house. This was the first year she worked there.



a. Employee's social security number: 332-XX-XXXX

b. Employer Identification number (EIN): 26-5XXXXXX

c. Employer's name, address, city state and ZIP Code:
BOARD OF ELECTIONS
135 VICTORY LANE
INDIANAPOLIS, IN 46204

d. Control number

e. Employee's name (first, initial, last), address, city, state and ZIP code:
MARY B BRAGG
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

1 Wages, tips, other compensation	2. Federal income tax withheld
$1,500.00	
3 Social security wages: $1,500.00	4. Social security tax withheld: $93.00
5 Medicare wages and tips: $1,500.00	6. Medicare tax withheld: $21.75
7 Social security tips	8. Allocated tips
9	10. Dependant care benefits
11. Nonqualified plans	12a. See instructions for box 12
13. Statutory Employee ☐ Retirement Plan ☐ Third-party sickpay ☐	12b.
14. Other	12c.
	12c.

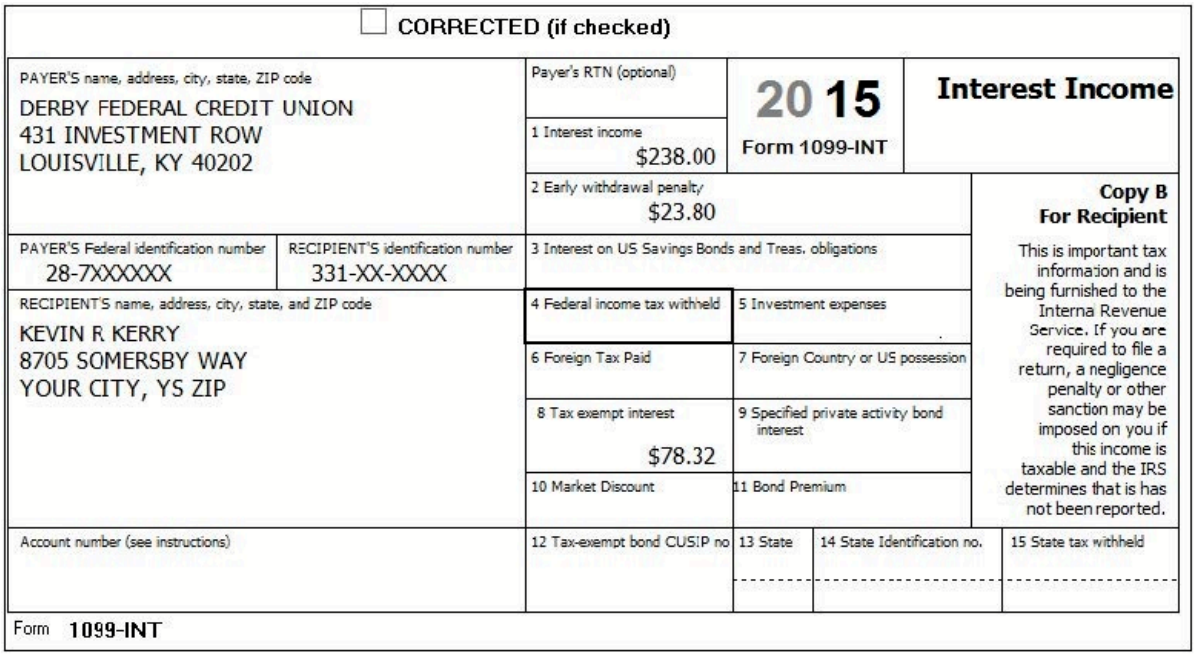
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
YS	26-5XXXXXXX	$1,500.00	$.00			

Form **W-2** 2015

Line 8—Interest

Kevin is collecting payments on a seller-financed mortgage. The purchaser is Elizabeth Dunlap (SSN 220-XX-XXXX), 4216 Chatham Way, Your City, State, ZIP Code. Last year Kevin received $1,672.38 interest on that loan.

Kevin also provides his 1099 forms.



☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code:
DERBY FEDERAL CREDIT UNION
431 INVESTMENT ROW
LOUISVILLE, KY 40202

Payer's RTN (optional)

1 Interest income: $238.00

2015 Form 1099-INT

Interest Income

2 Early withdrawal penalty: $23.80

Copy B For Recipient

This is important tax information and is being furnished to the Interna 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 is has not been reported.

PAYER'S Federal identification number: 28-7XXXXXX

RECIPIENT'S identification number: 331-XX-XXXX

3 Interest on US Savings Bonds and Treas. obligations

RECIPIENT'S name, address, city, state, and ZIP code:
KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

4 Federal income tax withheld

5 Investment expenses

6 Foreign Tax Paid

7 Foreign Country or US possession

8 Tax exempt interest: $78.32

9 Specified private activity bond interest

10 Market Discount

11 Bond Premium

Account number (see instructions)

12 Tax-exempt bond CUSIP no

13 State

14 State Identification no.

15 State tax withheld

Form 1099-INT

CORRECTED (if checked)

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

MAJOR SECURITIES
325 WELLSLEY ST
YOUR CITY, YS ZIP

1 Original issue discount for 2015*: $ 568.31

OMB No. 1545-0117

2015

Form 1099-OID

Original Issue Discount

2 Other periodic interest: $

3 Early withdrawal penalty: $

4 Federal income tax withheld: $ 50.05

Copy B

For Recipient

PAYER'S federal identification number: 12-3XXXXXX

RECIPIENT'S identification number: 331-XX-xxxx

5 Market discount: $

6 Acquisition premium: $

RECIPIENT'S name: Kevin R. Kerry

Street address (including apt. no.): 8705 Somersby Way

City or town, state or province, country, and ZIP or foreign postal code: Your City, State and ZIP Code

7 Description

8 Original issue discount on U.S. Treasury obligations*: $ 432.69

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.

FATCA filing requirement ☐

9 Investment expenses: $

* This may not be the correct figure to report on your income tax return. See instructions on the back.

Account number (see instructions)

10 State	11 State identification no.	12 State tax withheld
YS	12-3XXXXXX	$ 17.05
		$

Form 1099-OID (keep for your records) www.irs.gov/form1099oid Department of the Treasury - Internal Revenue Service

Line 9—Dividends

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code

BIG OIL CORP
587 GUSHER AVENUE
YOUR CITY, YS ZIP

1 Total Ordinary Dividends: $16.85

1b Qualified Dividends: $16.85

2015

Form 1099-DIV

Dividends and Distributions

2a Total capital gain distr.

2b Unrecap. Sec. 1250 gain

Copy B
For Recipient

PAYER'S Federal identification number: 01-5XXXXXX

RECIPIENT'S identification number: 331-XX-XXXX

2c Section 1202 gain

2d Collectables (28%) gain

RECIPIENT'S name, address, city, state, ZIP code

KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

3 Nondividend distributions

4 Federal income tax withheld

5 Investment expenses

6 Foreign Tax Paid

7 Foreign Country or US possession

8 Cash liquidation distributions

9 Noncash liquidation distribution

10 Exempt-Interest dividends

11 Specified private activity bond interest dividends

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 is has not been reported.

Account number (see instructions)

13 State	14 State Identification no.	15 State tax withheld

Form 1099-DIV

Line 13—Capital Gain or Loss

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Applicable check box on Form 8949	OMB No. 1545-0715	Proceeds From Broker and Barter Exchange Transactions
RICH FINANCIAL BROKERAGE FIRM 893 EPPS PARKWAY INDIANAPOLIS, IN 46249	E	2015 Form 1099-B	

1a Description of property (Example 100 sh. XYZ Co.)		
100 SHS PURDUE		
1b Date acquired	1c Date sold or disposed	
07/01/2001	03/10/2015	
1d Proceeds	1e Cost or other basis	
$ 8,859.00	$ 10,123.00	
1f Code, if any	1g Adjustments	
	$	

PAYER'S federal identification number	RECIPIENT'S identification number
26-1XXXXXX	211-XX-XXXX

RECIPIENT'S name	2 Type of gain or loss:	3 If checked, basis reported to IRS
KEVIN R KERRY	Short-term ☐ Long-term ☒	☐
Street address (including apt. no.)	4 Federal income tax withheld	5 If checked, noncovered security
8705 SOMERSBY WAY	$	☐
City or town, state or province, country, and ZIP or foreign postal code	6 Reported to IRS: Gross proceeds ☒ Net proceeds ☐	7 If checked, loss is not allowed based on amount in 1d ☐
YOUR CITY, YS ZIP		
Account number (see instructions)	8 Profit or (loss) realized in 2015 on closed contracts $	9 Unrealized profit or (loss) on open contracts—12/31/2014 $
CUSIP number	10 Unrealized profit or (loss) on open contracts—12/31/2015 $	11 Aggregate profit or (loss) on contracts $

14 State name	15 State identification no	16 State tax withheld	12	13 Bartering
		$		$
		$		

Form 1099-B www.irs.gov/form1099b Department of the Treasury - Internal Revenue Service

Kevin paid $10,123 for 100 shares of Purdue stock on July 1, 2001 and paid $35 commission for the sale.

You find the following worksheet in Kevin and Mary's prior year return:

US Schedule D **Worksheet for Capital Loss Carryovers or Sale of Your Home** **2014**

Name: Kevin Kerry and Mary Bragg **SSN:** XXX-XX-XXXX

Capital Loss Carryovers from This Year to Next Year

1	Amount from Form 1040, line 41, or Form 1040NR, line 39		**69.609**
2	Loss shown on schedule D, line 21 as a positive amount.		**3,000**
3	Combine lines 1 and 2. If -0- or less, enter -0-		**72,609**
4	Smaller line 2 or line 3		**3,000**
5	Loss showm on Schedule D, Line 7 as a positive amount		**0**
6	Gain, if any, shown on Scheduke D, Line 15		
7	Add lines 4 and 6		**3,000**
8	**Short-term capital loss carrover.** Subtract line 7 from line 5. If -0- or less, enter -0-		**0**
9	Loss shown on Schedule D, line 15 as a positive amount		**3,450**
10	Gain, if any, shown on Scheduke D, line 7	**0**	
11	Subtract line 5 from line 4. If -0- ir less, enter -0-	**3,000**	
12	Add lines 10 and 11		**3,000**
13	**Long-term capital loss carryover.** Subtract line 12 from line 9. If -0- or less, enter -0-		**450**

Consolidated Statement

PORTFOLIO INVESTMENTS LLC **2015 Form 1099**

897 S Reed Lane
Cincinnati, OH 45202
513-555-XXXX
Federal ID Number: 25-8XXXXXX

Date Prepared: **January 31, 2016**

Recipient's Name and Address

Taxpayer ID Number: 331-XX-XXXX

Kevin R. Kerry

8705 Somersby Way,Your City, State and ZIP Code

Copy B for Recipient

Account Number: 111-5555

Dividends and Distributions - 2015 — Form 1099 - DIV

Box	*Description*	*Total*
1a	Total ordinary dividends	$ 108.32
	(Includes amount shown in box 1b)	
1b	Qualified dividends	108.32
2a	Total Capital Gain Distributions	6.87
	(Includes amount shown in boxes 2b, 2c and 2d)	
2b	Unrecap Sec 1250 Gain	
2c	Section 1202 Gain	
2d	Collectibles (28%) Gain	
3	Nondividend Distributions	0.00
4	Federal Income Tax Withheld	0.00
5	Investment expenses	45.00
6	Foreign Tax Paid	4.29
8	Cash Liquidation Distributions	0.00
9	Noncash Liquidation Distributions	0.00
	FATCA filing requirment	NO

Interest Income - 2015 — Form 1099 - INT

Box	*Description*	*Total*
1	Interest Income	$ 79.00
3	Interest on U. S. Savings Bonds and Treasury Obligations	$ 693.00
4	Federal Income Tax Withheld	$ 118.00
5	Investment expenses	
6	Foreign Tax Paid	
8	Tax-Exempt Interest	$ 191.23
9	Specific Private Activity Bond Interest	0.00
	FATCA filing requirment	NO

Proceeds from Broker and BarterTransactions - 2015 — Form 1099 - B

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

1a - Description	Quantity	**1b** Date Acquired	**1c** Date Sold or Disosed	**1d** - Net Proceeds	**1e** Cost or other Basis	**1f** Code, if any	**1g** Adjustments	Gain / Loss (-)	4-Federal Income Tax Withheld
Rust Corporation	100	11/1/98	5/25/15	$1,700.00	$3,200.00			$-1,500.00	$0.00
Rio Motors Inc	150	7/15/08	6/28/15	$10,648.00	$9,543.00			$1,105.00	$0.00
Midget Corporation	15	2/28/07	12/2/15	$2,122.00	$1,230.50			$891.50	$0.00
Doors & Floors Org	55	10/1/09	11/25/15	$5,600.00	$5,550.00			$50.00	$0.00
Yours-Mine-Ours Corp	75	9/1/07	10/20/15	$3,000.00	$3,750.00			$-750.00	$0.00
Bagels R Us Corp	63	8/1/02	1/3/15	$1,400.00	$1,575.00			$-175.00	$0.00
Totals				$24,470.00					$0.00

Net Proceeds as above from each of your security transactions are reported individually to the IRS

****** **Information not available**

2015 Form 1099

On Kevin's broker's statement from Portfolio Investments, the tax-exempt interest was paid on a municipal bond from another state. Money from U.S. Savings Bonds was used by the Kerrys for house repairs.

Neither Kevin nor Mary had an interest in a financial account in a foreign country and have never received distributions from or transferred funds to a foreign trust.

Lucky Dog LLC
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT

Kevin Kerry and Mary Bragg
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

Form 1099-DIV 2015 Dividends and Distributions

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

Box		Amount
1a	Total Ordinary Dividends	325.68
1b	Qualified Dividends	208.33
2a	Total Capital Gain Distributions (Includes 2b- 2d)	687.42
2b	Capital Gains that represent Unrecaptured 1250	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) G	0.00
3	Nondividend Distributions	54.00
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	Cash Liquidation Distributions	0.00
9	Non-Cash Liquidation Distributions	0.00
10	Exempt-Interest Dividends	87.00
11	Specified Private Activity Bond Interest Dividends	22.00
12	State	
13	State Identification No.	
14	State Tax Withheld	0.00
	FATCA filing requirement	NO

Form 1099-INT 2015 Interest Income

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

Box		Amount	
1	Interest Income	0.00	
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		
8	Tax-Exempt Interest	0.00	
9	Specified Private Activity Bond Interest	0.00	
10	Market Discount	0.00	
	Market Discount on Noncovered Securities	0.00	**
11	Bond Premium	0.00	
	Bond Premium on Noncovered Securities	0.00	**
13	Bond Premium on Tax-Exempt Bond	0.00	
14	Tax-Exempt and Tax Credit Bond CUSIP No.		
15	State		
16	State Identification No.		
17	State Tax Withheld	0.00	
	FATCA filing requirement		

**These amounts are not reported to the IRS.

Lucky Dog LLC
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT
Kevin Kerry and Mary Bragg
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

Form 1099-MISC 2015 Miscellaneous Income

Copy B for Recipient (OMB NO. 1545-0115)

Box		Amount
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 Identification No.	
18	State Income	0.00
	FATCA filing requirement	

Summary of 2015 Original Issue Discount

Box		Amount	
1	Original Issue Discount	0.00	**
2	Other Periodic Interest	0.00	**
4	**Federal Income Tax Withheld**	0.00	**
5	Market Discount	0.00	**#
6	Acquisition Premium	0.00	**#
8	Original Issue Discount on U.S. Treasury Obligations	0.00	**

** Amounts of original issue discount are individually reported to the IRS.
Refer to the *2015 Original Issue Discount* section of this statement.

Box 5 and Box 6 contain amounts for covered securities only.

Summary of 2015 Proceeds From Broker and Barter Exchange Transactions

Box		Amount	
1d	Proceeds	52,464.43	*
1e	Cost or Other Basis	8,618.33	**
4	**Federal Income Tax Withheld**	0.00	
6	Adjustments - Wash Sales	226.80	
	Adjustments - Market Discount	0.00	**
16	State Tax Withheld	0.00	
Regulated Futures Contracts:			
4	**Federal Income Tax Withheld**	0.00	
8	Profit or (Loss) Realized in 2015 on Closed Contracts	0.00	
9	Unrealized Profit of (Loss) on Open Contracts - 12/31/2014	0.00	
10	Unrealized Profit of (Loss) on Open Contracts - 12/31/2015	0.00	
11	Aggregate Profit of (Loss) on Contracts	0.00	

* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.
** Box 1e and Box 6 contain amounts for covered securities only.

Lucky Dog LLC
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT
Kevin Kerry and Mary Bragg
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

FORM 1099-B 2015 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 1a & 3) (IRS Form 1099-B box numbers are shown below in bold type)

1a Description, **2** Short-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP

Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain or Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Magic Investor Class Fund											
Sale	16.523	09/23/2014	08/26/2015	169.36	142.58			26.78			
Sale	15.875	12/23/2014	08/26/2015	162.72	132.75			29.97			
Sale	14.345	03/23/2015	08/26/2015	147.04	128.68			18.36			
Sale	13.985	06/23/2015	08/26/2015	143.35	130.57			12.78			
				622.47	534.58		0.00	87.89			
Hot Air Bond Fund											
Sale	175.000	10/25/2014	02/26/2015	2,368.15	2,632.75	W	226.80	-37.80			
Sale	150.000	03/15/2015	12/15/2015	2,286.36	2,352.45			-66.09			
				4,654.51	4,985.20		226.80	-103.89			
Red Balloon Investor Class Fund											
Sale	250.000	07/23/2015	12/05/2015	1,555.00	1,085.36			469.64			
Sale	100.000	07/23/2015	04/18/2015	622.00	512.74			109.26			
				2,177.00	1,598.10		0.00	578.90			
TOTALS				**7,453.98**	**7,117.88**		**226.80**	**562.90**			

FORM 1099-B· 2015 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is reported to the IRS

Report on Form 8949 with Box **D** checked and/or Schedule D, Part II

(This Label is a Substitute for Boxes 1a & 3) (IRS Form 1099-B box numbers are shown below in bold type)

1a Description, **2** Long-term, **3** Basis reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP

Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain or Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Magic Investor Class Fund											
Sale	18.854	03/26/2012	08/26/2015	193.25	159.45			33.80			
Sale	17.769	06/23/2012	08/26/2015	182.13	158.36			23.77			
Sale	17.646	09/23/2012	08/26/2015	180.87	162.74			18.13			
Sale	17.523	12/23/2012	08/26/2015	179.61	156.87			22.74			
Sale	17.400	03/23/2013	08/26/2015	178.35	150.74			27.61			
Sale	17.277	06/23/2013	08/26/2015	177.09	146.35			30.74			
Sale	17.154	09/23/2013	08/26/2015	175.83	142.58			33.25			
Sale	17.031	12/23/2013	08/26/2015	174.57	139.86			34.71			
Sale	16.908	03/23/2014	08/26/2015	173.31	140.85			32.46			
Sale	16.785	06/23/2014	08/26/2015	172.05	142.65			29.40			
				1,787.06	1,500.45		0.00	286.61			
TOTALs				**1,787.06**	**1,500.45**			**286.61**			

Lucky Dog LLC
2715 Alpine Lane
Boston, MA 02110

2015 TAX REPORTING STATEMENT
Kevin Kerry and Mary Bragg
8705 Somersby Way, Your City, YS ZIP
Account No. 111-227
Recipient ID No. XXX-XX-XXXX
Payer's Fed ID Number: XX-XXXXXXX

FORM 1099-B· 2015 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 1a & 3) (IRS Form 1099-B box numbers are shown below in bold type)

1a Description, **2** Long-term, **3** Basis not reported to IRS, **6** Net Proceeds, and Stock or Other Symbol , CUSIP

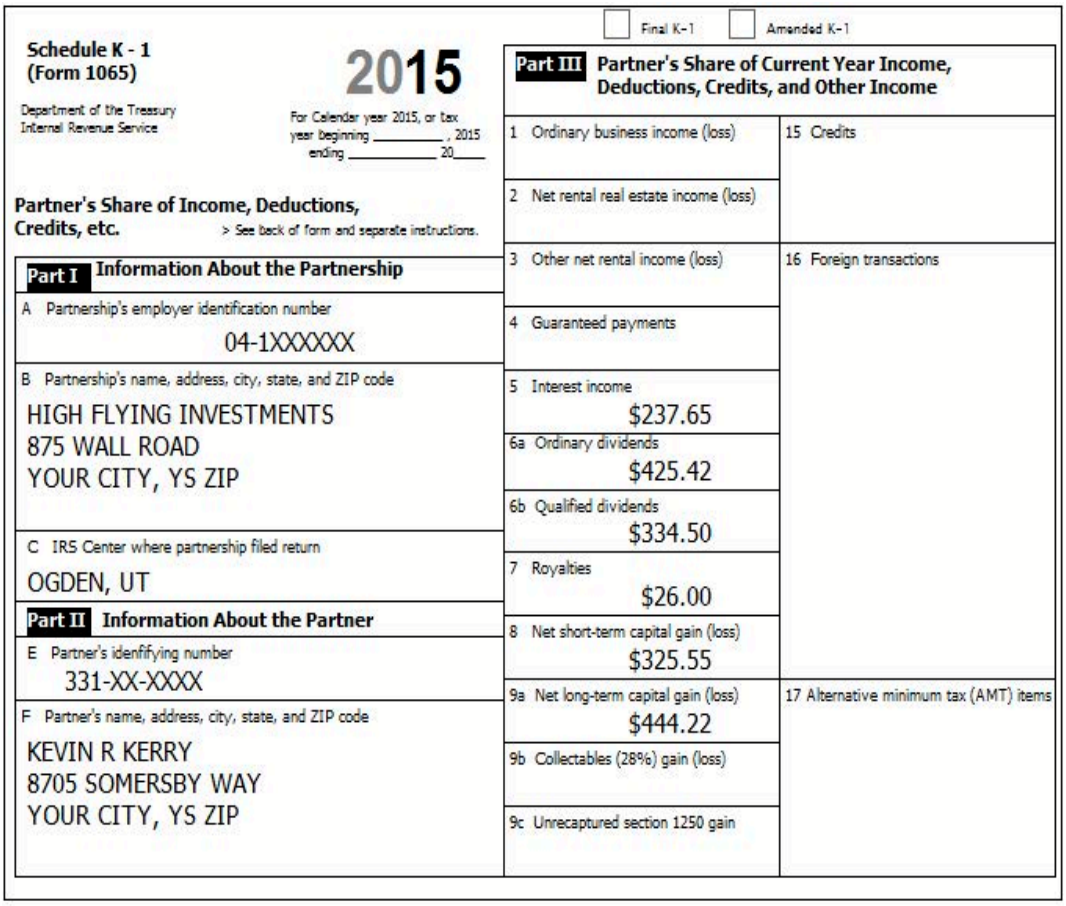
Action	Quantity	**1b** Date Acquired	**1c** Date Sold or Disposed	**1d** Proceeds	**1e** Cost or Other Basis	**1f** Code, if any	**1g** Adjustments	Gain or Loss (-)	**4** Federal Income Tax Withheld	**14** State **15** State ID Number	**16** State Tax Withheld
Magic Investor Class Fund											
Sale	3,842.140	05/22/2010	08/26/2015	39,381.94	36,214.99			3,166.95			
Sale	18.526	06/23/2010	08/26/2015	189.89	158.36			31.53			
Sale	18.025	09/23/2010	08/26/2015	184.76	162.74			22.02			
Sale	17.985	12/23/2010	08/26/2015	184.35	156.87			27.48			
Sale	18.352	03/23/2011	08/26/2015	188.11	150.74			37.37			
Sale	17.842	06/23/2011	08/26/2015	182.88	146.35			36.53			
Sale	17.652	09/23/2011	08/26/2015	180.93	142.58			38.35			
Sale	17.710	12/23/2011	08/26/2015	181.53	139.86			41.67			
				40,674.39	37,272.49			3,401.90			
Rider Corporation											
Sale	65.000	**	12/22/2015	2,549.00	**			**			
TOTAL				**43,223.39**							

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.

** Information not available

Lucky Dog LLC does not have a record for the purchase of Rider stock. Kevin inherited the 65 shares from his uncle who paid $588 in 1999. The stock was worth $1,222 on 1/29/2015, the day his uncle died.

Kevin has an interest in an investment partnership and provides you with the K-1.



Schedule K - 1 (Form 1065) — 2015

Department of the Treasury
Internal Revenue Service

For Calendar year 2015, or tax year beginning _____, 2015 ending _____ 20____

☐ Final K-1 ☐ Amended K-1

Partner's Share of Income, Deductions, Credits, etc. > See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
04-1XXXXXX

B Partnership's name, address, city, state, and ZIP code
HIGH FLYING INVESTMENTS
875 WALL ROAD
YOUR CITY, YS ZIP

C IRS Center where partnership filed return
OGDEN, UT

Part II Information About the Partner

E Partner's idenfifying number
331-XX-XXXX

F Partner's name, address, city, state, and ZIP code
KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Income

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income $237.65	
6a Ordinary dividends $425.42	
6b Qualified dividends $334.50	
7 Royalties $26.00	
8 Net short-term capital gain (loss) $325.55	
9a Net long-term capital gain (loss) $444.22	17 Alternative minimum tax (AMT) items
9b Collectables (28%) gain (loss)	
9c Unrecaptured section 1250 gain	

Kevin mentions that he has listed his home for sale and asks whether he will have to pay tax on the gain. He and Mary bought their home in 1990 for $120,000, always used it as their main home and it was never used for business. While they owned the home, they spent money for the following:

Remodeled the kitchen in 2007	$ 17,200
Painted inside and out in 2007	$ 4,600
Replaced dead landscape in 2010	$ 450
New roof in 1995	$ 5,500

He estimates that it will sell for $675,000 minus selling expenses of $22,000.

Discuss what was the basis in the home before Mary's death.
Discuss whether Kevin's basis in his home will change due to Mary's death with particular attention to your state's laws.
Discuss the maximum amount of gain that Kevin would be eligible to exclude assuming the home sells during 2016.

Line 10—Taxable Refunds

Kevin and Mary itemized deductions last year and received a $208 tax refund from the state. Their taxable income for last year was $49,859. Their total itemized deductions were $15,250. The amount of state income taxes was $1,498. The amount of state sales tax was $1,356.

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Unemployment compensation	2015 Form 1099-G	Certain Government Payments
IN DEPARTMENT OF REVENUE 5101 MAIN STREET INDIANAPOLIS, IN 46204	2 State or local income tax refunds, credits or offsets $208.00		
PAYER'S Federal identification number: 28-9XXXXXX / RECIPIENT'S identification number: 331-XX-XXXX	Box 2 amount is for tax year	4 Federal income tax withheld	Copy B For Recipient
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	5 RTAA payments	6 Taxable grants	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 is has not been reported.
	7 Agriculture payments	8 If checked, box 2 is trade or business income > ☐	
	9 Market gain		
Account number (see instructions)	10. State / 10b State identification no	11 State income tax withheld	

Form 1099-G

Line 12—Business Income

Mary ran a small business, which she operated out of her home, typing medical transcripts. The business code was 561410. In addition to the amount reported on Form 1099-MISC, she also received $982.00 during the year from other doctors for this service. She had expenses of $49.00 for paper and $67.50 for a printer cartridge. Mary used her second car for picking up and delivering the typing jobs. She maintained a written record of mileage, reporting 158 business miles per month for 11 months and 5,225 other miles. She bought the car and started using it for business on January 2, 2006. Mary had another car available for personal use.

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Rents	2015 Form 1099-MISC	Miscellaneous Income
HEARTFELT MEDICAL CENTER 674 WELLNESS ROAD INDIANAPOLIS, IN 46204	2 Royalties		
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number: 26-0XXXXXX / RECIPIENT'S identification number: 332-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP	7 Nonemployee Compensation $674.00	8 Substitute payments in lieu of dividends or interest	This is important tax information and is beirg 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 is has not been reported.
	9 Payer made direct sales $5,000 or more of consumer products to a buyer (recipient) for resale > ☐	10 Crop Insurance proceeds	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals / 15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income

Form 1099-MISC

Line 15—IRA Distributions

Kevin was not allowed a full deduction for his contributions to his IRA in prior years. His 2014 return shows remaining basis of $987 (Form 8606). Kevin states that the 12/31/15 total value of his IRAs is $11,268.

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code PEOPLES TRUST COMPANY P.O. BOX 254 INDIANAPOLIS, IN 46204	1 Gross distribution $626.00 2a Taxable amount $626.00 2b Taxable amount not determined. ☐ Total Distribution ☐	**2015** Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.**
PAYER'S Federal identification number: 26-2XXXXXX RECIPIENT'S identification number: 331-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.** This information is being furnished to the Internal Revenue Service
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7. Distribution Code(s): 1 — IRA/SEP/SIMPLE: X	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. State tax withheld	13. State/Payer's state no. YS/26-2XXXXXX	14. State Distribution
Account number (see instructions)	15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form 1099-R

Kevin has tried to get Peoples Trust to correct the distribution code as it is not an early distribution. They refuse.

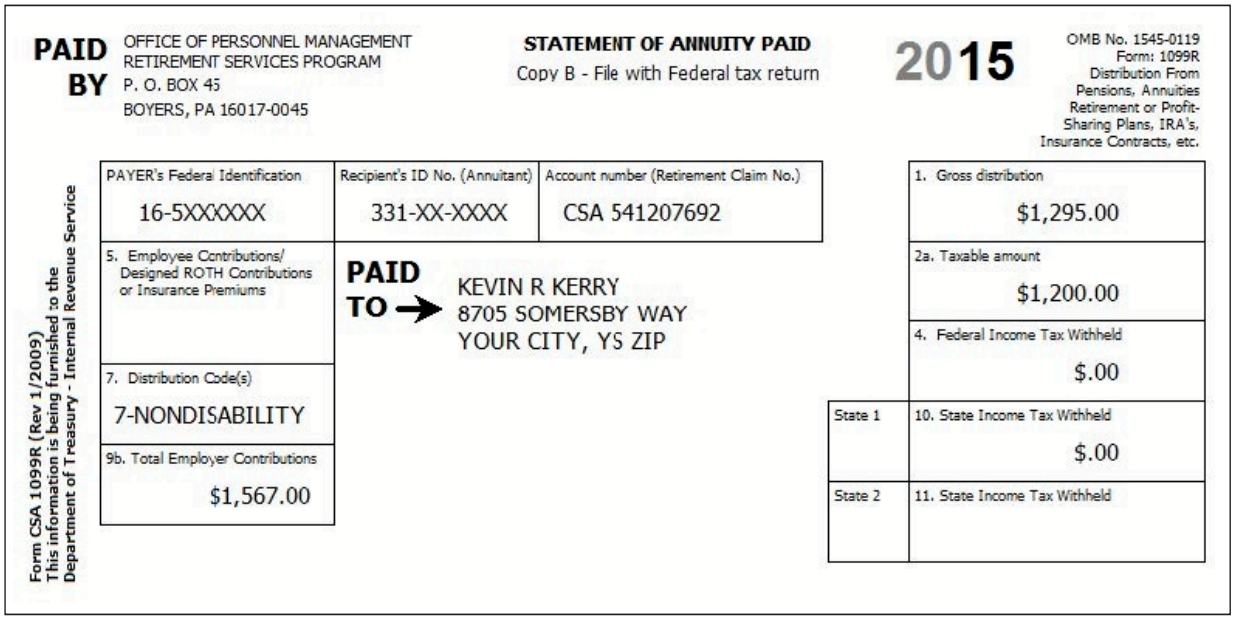
Kevin did a direct transfer of his traditional IRA funds from Yale Security IRA to Merrill Lynch. He received Form 1099-R below.

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code YALE SECURITY IRA P.O. BOX 2537 INDIANAPOLIS, IN 46204	1 Gross distribution $8,649.00 2a Taxable amount 2b Taxable amount not determined. ☐ Total Distribution ☐	**2015** Form 1099-R	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.**
PAYER'S Federal identification number: 26-3XXXXXX RECIPIENT'S identification number: 211-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.** This information is being furnished to the Internal Revenue Service
RECIPIENT'S name, address, city, state, ZIP code KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
	7. Distribution Code(s): G — IRA/SEP/SIMPLE: X	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. State tax withheld	13. State/Payer's state no. YS/26-3XXXXXX	14. State Distribution
Account number (see instructions)	15. Local tax withheld	16. Name of Locality	17. Local Distribution

Form 1099-R

Line 16—Pensions and Annuities



PAID BY
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT SERVICES PROGRAM
P. O. BOX 45
BOYERS, PA 16017-0045

STATEMENT OF ANNUITY PAID
Copy B - File with Federal tax return

2015

OMB No. 1545-0119
Form: 1099R
Distribution From Pensions, Annuities Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.

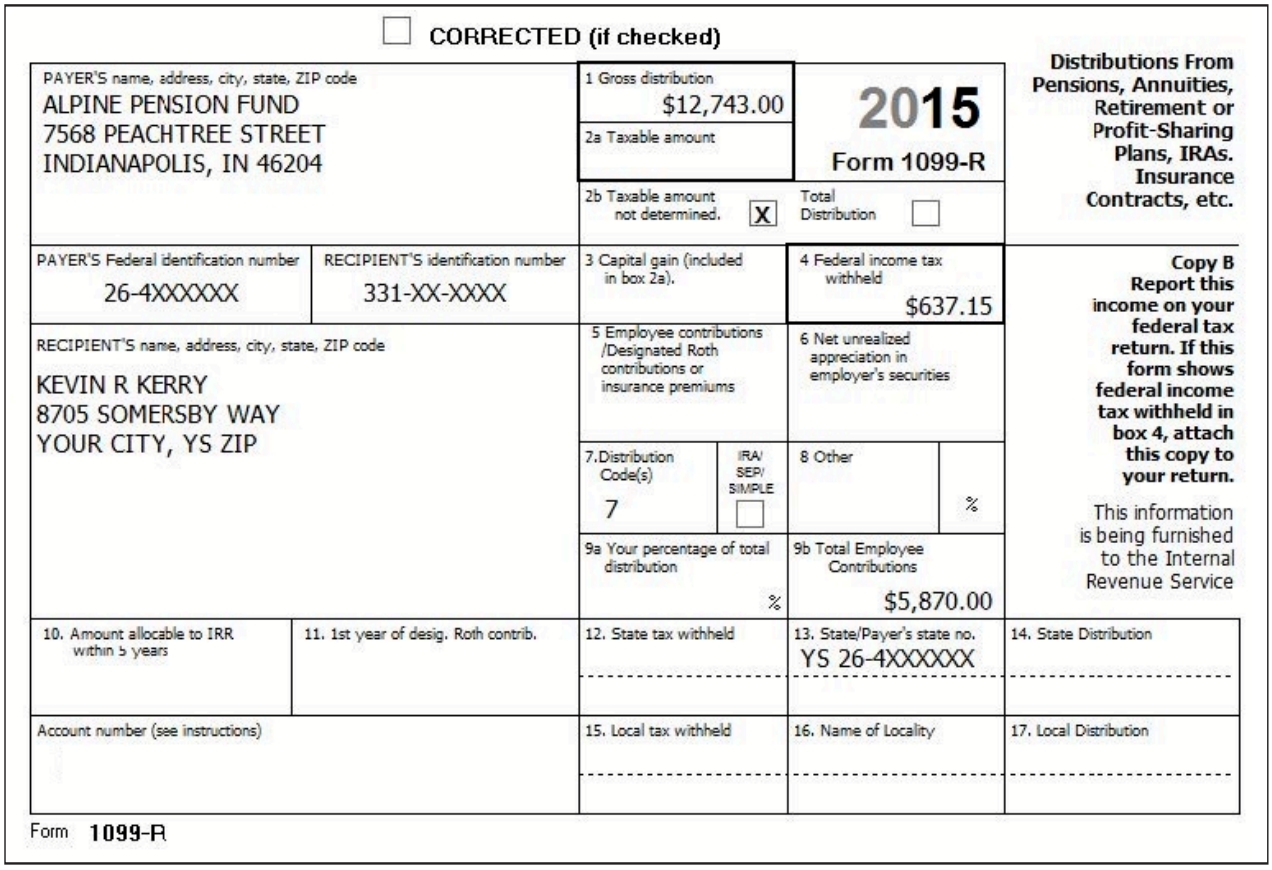
Form CSA 1099R (Rev 1/2009)
This information is being furnished to the Department of Treasury - Internal Revenue Service

PAYER's Federal Identification	Recipient's ID No. (Annuitant)	Account number (Retirement Claim No.)
16-5XXXXXX	331-XX-XXXX	CSA 541207692

PAID TO → KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

1. Gross distribution	$1,295.00
2a. Taxable amount	$1,200.00
4. Federal Income Tax Withheld	$.00
State 1 — 10. State Income Tax Withheld	$.00
State 2 — 11. State Income Tax Withheld	
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums	
7. Distribution Code(s)	7-NONDISABILITY
9b. Total Employer Contributions	$1,567.00

Kevin retired two years ago and started drawing his retirement pay on January 1 of 2014. He recovered $335 of his cost during the first year. Kevin did not select a joint and survivor annuity.



☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code
ALPINE PENSION FUND
7568 PEACHTREE STREET
INDIANAPOLIS, IN 46204

2015
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs. Insurance Contracts, etc.

1 Gross distribution	$12,743.00
2a Taxable amount	
2b Taxable amount not determined.	X
Total Distribution	☐
PAYER'S Federal identification number	26-4XXXXXX
RECIPIENT'S identification number	331-XX-XXXX
3 Capital gain (included in box 2a).	
4 Federal income tax withheld	$637.15
RECIPIENT'S name, address, city, state, ZIP code	KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS 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	$5,870.00
10. Amount allocable to IRR within 5 years	
11. 1st year of desig. Roth contrib.	
12. State tax withheld	
13. State/Payer's state no.	YS 26-4XXXXXX
14. State Distribution	
Account number (see instructions)	
15. Local tax withheld	
16. Name of Locality	
17. Local Distribution	

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service

Form **1099-R**

Line 17— Rents, Royalties - Kevin provides you with Mary's oil & gas royalty form.

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Rents	2015 Form 1099-MISC	Miscellaneous Income
BIG OIL CORP 587 BUSHER AVENUE YOUR CITY, YS ZIP	2 Royalties $57.85		
	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
PAYER'S Federal identification number: 01-5XXXXXX / RECIPIENT'S identification number: 332-XX-XXXX	5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name, address, city, state, ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP	7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	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 is has not been reported.
	9 Payer made direct sales $5,000 or more of consumer products to a buyer (recipient) for resale > ☐	10 Crop Insurance proceeds	
	11	12	
Account number (see instructions)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals / 15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income

Form **1099-MISC**

Line 20—Social Security Benefit

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015 ○ 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
KEVIN R KERRY	331-XX-XXXX

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (Box 3 minus Box 4)
$13,682.00	$.00	$13,682.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	$11,465.20	
Medicare Part B premiums deducted from your benefits	$1,258.80	
Medicare Prescription Drug premiums (Part D) deducted from your benefits	$.00	
Total Additions	$12,724.00	Box 6. Voluntary Federal Income Tax Withheld $958.00
Benefits for 2015	$13,682.00	
		Box 7. Address KEVIN R KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP
Benefits for 2014		
Benefits for 2013		
Benefits for 2012		Box 8. Claim Number (use ths number if you need to contact SSA) 331-XX-XXXXA

Form **SSA-1099-SM**

Line 21—Other Income

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, address, city, state, and ZIP code	1. Gross winnings	2. Date won	2015 Form W2-G Certain Gambling Winnings
GET RICH LOTTERY BOARD 578 DOLLAR BLVD INDIANAPOLIS, IN 46204	$1,200.00	06/28/2015	
	3. Type of wager LOTTERY	4. Federal income tax withheld	
	5. Transaction	6. Race	
	7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number 26-7XXXXXX — Payer's Telephone number 888-341-XXXX	9. Winner's taxpayer identification no. 332-XX-XXXX	10. Window	This information is being furnished to the Internal Revenue Service
WINNER'S name, address, city, state, and ZIP MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP	11. First I.D.	12. Second I.D.	
	13. State Payer's identification no. YS 26-7XXXXXX	14. State Winnings $1,200.00	**Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**
	15. State income tax withheld $120.00	16. Local Winnings	
	17. Local income tax withheld	18. Name of locality	

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer indentification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.

Signature > Date >

Form W-2G

Mary had $2,250 in gambling losses. She has also won $500.00 in your state lottery.

Mary's long term care insurance helped to cover part of her expenses at the rate of $200 per day for 69 days.

☐ CORRECTED (if checked)

PAYER'S name, address, city,r state, and ZIP code	1 Gross Long-Term care benefits paid	2015 Form 1099-LTC	Long-Term Care and Accelerated Death Benefits
WE CARE INSURANCE INC 234 WELLNESS ROAD YOUR CITY, YS ZIP	$13,800.00		
	2 Accelerated Death benefits paid	INSURED's taxpayer identification no. 332-XX-XXXX	**Copy B For Policyholder**
PAYER'S Federal identification 28-5XXXXXX — POLICYHOLDER'S identification number 332-XX-XXXX	3 [X] Per Diem ☐ Reimbursed Amount		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 is has not been reported.
POLICYHOLDER'S name, address, city, state, and ZIP code MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP	INSURED'S name, street address, city or town, province or state, ZIP or foreign postal code and telephone no. MARY B BRAGG 8705 SOMERSBY WAY YOUR CITY, YS ZIP		
Account number (see instructions) — 4. Qualified contract (optinal) [X]	5. (optional) ☐ Chronically ill [X] Terminally ill	Date certified 09/01/2015	

Form 1099-LTC

Kevin served on a jury and received $150 for his ten days of service in additon to his mileage reimbursement.

Line 23—Educator Expenses

Kevin tells you that he paid for $138 for art supplies for his students. You ask him how many hours he worked as an educator and he said about 400 hours. Kevin asks if he can get any write-off for the supplies.

Line 31—Alimony Paid Adjustment

Kevin paid $3,600 in alimony to a previous wife. Her social security number is 215-XX-XXXX.

Line 32—IRA Contribution Adjustment

Mary made a $6,000 contribution to her traditional IRA account.

Line 33—Student Loan Interest Adjustment

Mary paid $268 interest on a student loan she incurred to obtain her teaching degree. They did not get a 1098 form.

Line 40—Itemized Deductions

Because of high unreimbursed medical expenses this year, Kevin wants to itemize deductions and provides the following information:

Medical insurance - supplemental policy for Kevin		$1,200
Long-term care policy for Mary		$1,600
Doctor bills		$2,653
Hospital bills		$3,200
Life insurance		$1,842
Funeral expenses		$5,600
Medical mileage	103 miles per month (1,236 miles total)	
Prescription drugs		$965
Insulin (no prescription)		$189
Prescription eyeglasses		$210
Tithes to church		$1,730
Cash contributions to: National Public Radio, American Cancer Society, Shriners Children's Hospital		$225
Contributions to Millsap Elementary School		$250
Salvation Army - the FMV of clothes and a TV, which were in good used condition		$350
(Kevin says he has receipts or canceled checks at home for all the donations)		
Home mortgage interest (Form 1098)		$2,997
County real estate tax		$1,240
City real estate tax		$258
Personal property tax (based on the value)		$624
Gambling losses		$2,250
Speeding tickets		$375
State sales tax (new car)		$1,565

Kevin wants to know if he can deduct the insurance premiums he and Mary paid for Yvonne and Terri totalling $3,680. He provides you with Form 1095-A below.

Note: On TaxWise Sales Tax worksheet, be sure to use IN as the state and no local sales tax

Line 49—Credit for Child and Dependent Care Expenses

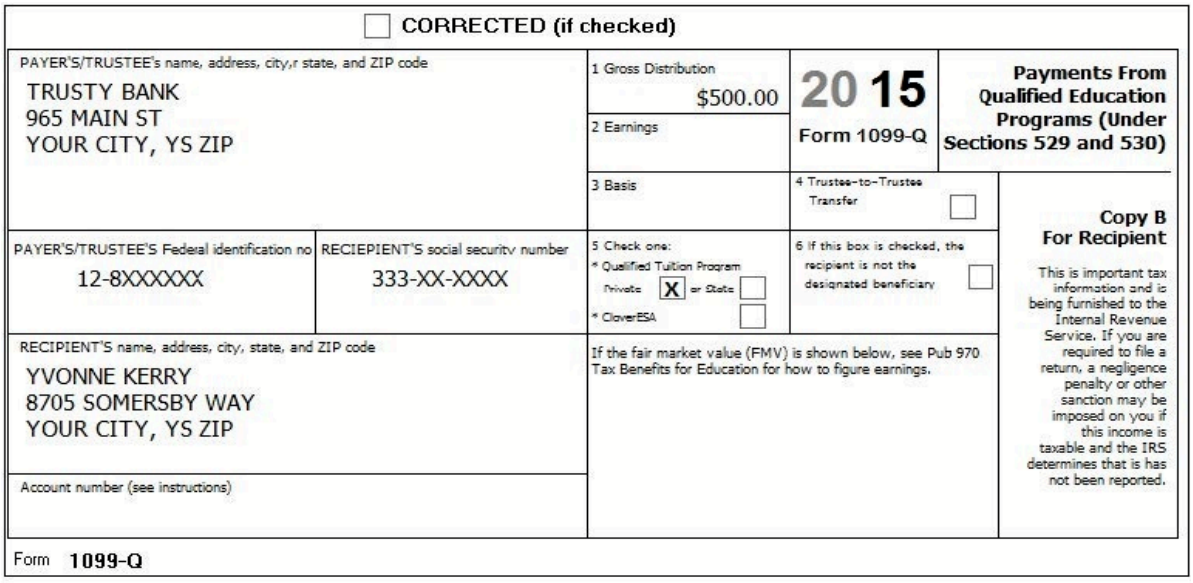
Kevin and Mary paid the Happy Blessings Day Care Center $1,100 to watch Terri while they worked. Mary's employer gave Mary $300 toward the day care (see W-2). The address is 128 Magical Way St, Your City, State, and ZIP Code. Their EIN is 26-8XXXXXX.

Line 50—Education Credits

In addition to the amounts shown on the 1098-T form, Yvonne spent $1,500 on required textbooks and $850 for a new computer that was not a course requirement. Yvonne got $500 from her Education Savings Account to cover some of the books.

Yvonne's grant or scholarship was unrestricted and could have been used for nonqualified costs, such as room and board. Kevin and Mary provided Yvonne's room and board, which cost approximately $8,000 for the year. Yvonne received a small amount of unemployment, had some credit card debt forgiven, and does not need to otherwise file a return.

Yvonne is willing to report some of her scholarship as taxable if it results in a better refund for her dad. She wants to know whether she needs to file a return and whether declaring some of her scholarship as taxable causes her any tax.



☐ CORRECTED (if checked)

PAYER'S/TRUSTEE's name, address, city,r state, and ZIP code
TRUSTY BANK
965 MAIN ST
YOUR CITY, YS ZIP

1 Gross Distribution $500.00
2 Earnings
3 Basis

20 15 Form 1099-Q

Payments From Qualified Education Programs (Under Sections 529 and 530)

4 Trustee-to-Trustee Transfer ☐

PAYER'S/TRUSTEE'S Federal identification no 12-8XXXXXX

RECIEPIENT'S social securitv number 333-XX-XXXX

5 Check one:
* Qualified Tuition Program Private [X] or State [ ]
* CloverESA [ ]

6 If this box is checked, the recipient is not the designated beneficiary ☐

Copy B For Recipient

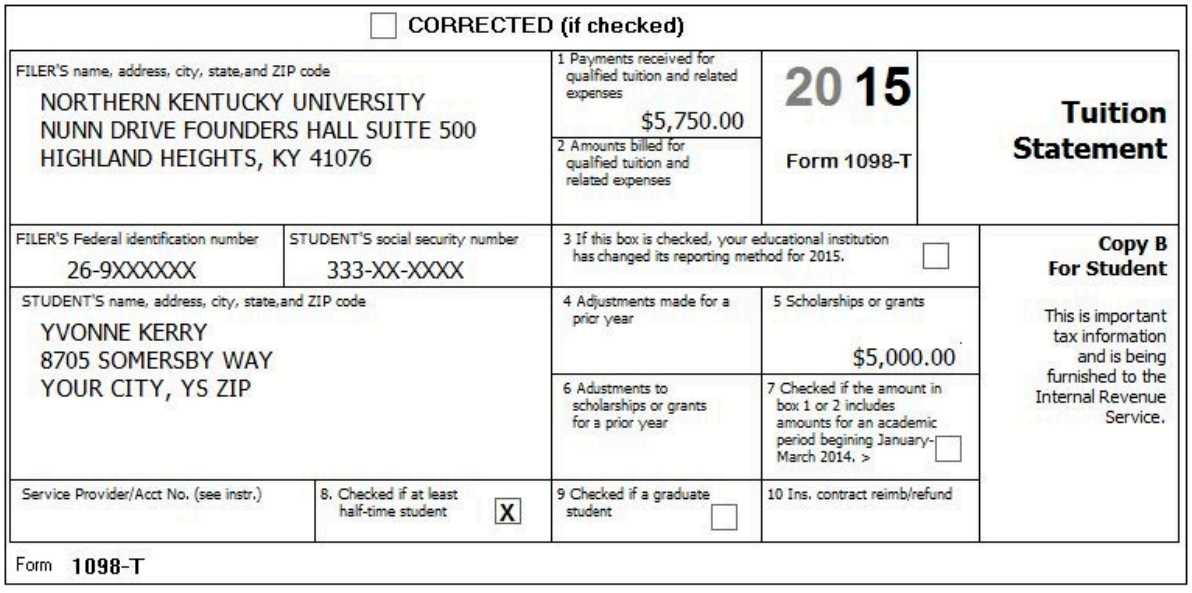
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that is has not been reported.

RECIPIENT'S name, address, city, state, and ZIP code
YVONNE KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

If the fair market value (FMV) is shown below, see Pub 970 Tax Benefits for Education for how to figure earnings.

Account number (see instructions)

Form 1099-Q



☐ CORRECTED (if checked)

FILER'S name, address, city, state,and ZIP code
NORTHERN KENTUCKY UNIVERSITY
NUNN DRIVE FOUNDERS HALL SUITE 500
HIGHLAND HEIGHTS, KY 41076

1 Payments received for qualfied tuition and related expenses $5,750.00
2 Amounts billed for qualfied tuition and related expenses

20 15 Form 1098-T

Tuition Statement

FILER'S Federal identification number 26-9XXXXXX

STUDENT'S social security number 333-XX-XXXX

3 If this box is checked, your educational institution has changed its reporting method for 2015. ☐

Copy B For Student

This is important tax information and is being furnished to the Internal Revenue Service.

STUDENT'S name, address, city, state,and ZIP code
YVONNE KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

4 Adjustments made for a prior year

5 Scholarships or grants $5,000.00

6 Adustments to scholarships or grants for a prior year

7 Checked if the amount in box 1 or 2 includes amounts for an academic period begining January-March 2014. > ☐

Service Provider/Acct No. (see instr.)

8. Checked if at least half-time student [X]

9 Checked if a graduate student ☐

10 Ins. contract reimb/refund

Form 1098-T

☐ CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code	1 Unemployment compensation $200.00	2015 Form 1099-G	Certain Government Payments
INDIANA EMPLOYMENT COMMISSION 426 SOUTH MAIN ST INDIANAPOLIS, IN 46204	2 State or local income tax refunds, credits or offsets		

PAYER'S Federal identification number	RECIPIENT'S identification number	. Box 2 amount is for tax year	4 Federal income tax withheld	Copy B For Recipient
26-6XXXXXX	333-XX-XXXX			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 is has not been reported.

RECIPIENT'S name, address, city, state, ZIP code	5 RTAA payments	6 Taxable grants
YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	7 Agriculture payments	8 If checked, box 2 is trade or business income > ☐
	9 Market gain	

Account number (see instructions)	10. State	10b State identification no	11 State income tax withheld
	YS	26-6XXXXXXX	

Form **1099-G**

☐ CORRECTED (if checked)

LENDER'S name, address, city, state, and ZIP code	1 Date of Identifiable Event 01/15/2015	2015 Form 1099-C	Cancellation of Debt
WELENDU CARDS 892 DEBTORS LANE YOUR CITY, YS ZIP	2 Amount of debt discharged $625.00		
	3 Interest if included in Box 2		

LENDER'S Federal identification	BORROWER'S identification number	4 Debt description	Copy B For Debtor
11-4XXXXXX	333-XX-XXXX	CREDIT CARD	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 is has not been reported.

BORROWER'S name, address, , state, and ZIP code	5 If checked, the borrower was personally liable for repayment of this debt . . . . . > X
YVONNE KERRY 8705 SOMERSBY WAY YOUR CITY, YS ZIP	

Account number (see instructions)	6 Identifiable Event Code	7 Fair market value of property

Form **1099-C**

Additional education / training expenses:

Mary had to take several special training courses at the local college that were required by her employer. The class tuition and fees totaled $317.85. She attended Fulton Community College at One University Way, Your City, State and Zip Code.

Line 53—Energy Credits, Form 5695

The Kerrys insulated the crawl space of their home for $175.00 and replaced all their windows with new windows meeting the IECC criteria (energy efficiency) at a cost of $7,450.00 excluding on-site preparation, assembly, or original installation of components. The Kerrys have not claimed any credits in previous years on Form 5695. If energy credit is not used, delete Form 5695.

Line 65—Estimated Tax Payments

During the year, Kevin and Mary made the following federal estimated tax payments.

DATE PAID	AMOUNT PAID
04/14	$100.00
09/18	$100.00

They also applied $200 from last year's tax refund toward this year's taxes.

Line 66a—Earned Income Credit (EIC)

Kevin and Mary may qualify for EIC. If they do qualify for EIC, then answer the questions on the EIC schedule and the EIC worksheet.

Line 67—Additional Child Tax Credit, Schedule 8812

When the taxpayer does not qualify for the full amount of the Child Tax Credit, TaxWise® will calculate the Additional Child Tax Credit on Schedule 8812.

Line 68—Refundable American Opportunity Credit

Kevin wants to know if they will qualify for the refundable portion of the American Opportunity Credit. Verify the taxpayer data is entered correctly on Form 8863 and that the maximum allowable credit is claimed.

Line 69—Net Pemium Tax Credit, Form 8962

Kevin and Mary purchased coverage starting March 1 for Yvonne and Terri on the Marketplace. They elected to not take any advance of the premium tax credit.

Form **1095-A** — Department of the Treasury, Internal Revenue Service

Health Insurance Marketplace Statement

> Information about Form 1095-A and its separate instructions is at www.irs.gov/from1095a.

☐ CORRECTED

OMB No. 1545-2232

2015

Part I Recipient Information

1 Marketplace Identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
33-1XXXXXX	A4389995	HEALTHY CO

4 Recipient' name	5 Recipient's SSN	6 Recipient's date of birth
KEVIN R KERRY	331-XX-XXXX	07/28/1943

7 Recipient' spouses's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
MARY B BRAGG	332-XX-XXXX	01/15/1953

10 Policy start date	11 Policy Termination Date	12 Street Address (including apartment number)
03/01/2015	12/31/2015	8705 SOMERSBY WAY

13 City, State, Country and ZIP code: YOUR CITY, YS ZIP

Part II Coverage Household

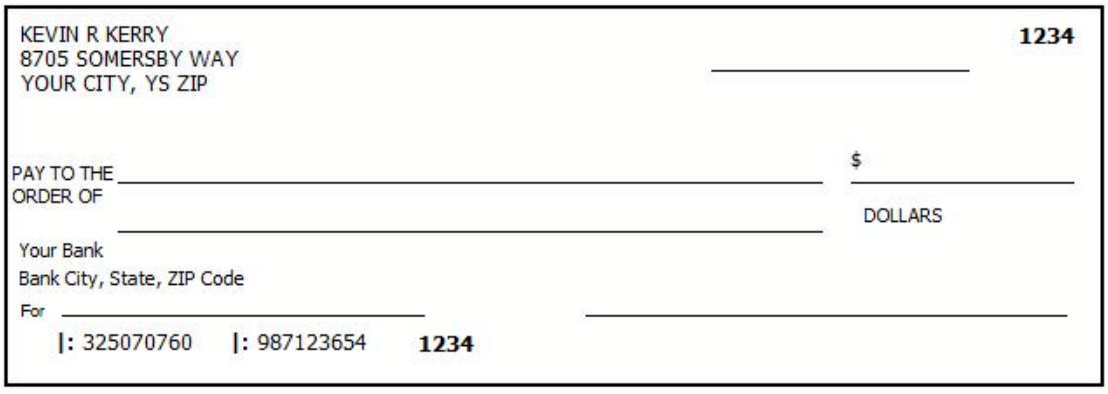
	A Covered Individual Name	B Covered Individual SSN	C. Date of Birth	D. Start Date	E. Termination Date
16	YVONNE KERRY	333-XX-XXXX	03/13/1993	03/01/2015	12/31/2015
17	TERRY THOMAS	334-XX-XXXX	05/08/2011	03/01/2015	12/31/2015
18					
19					
20					

Part III Household Information

Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February			
23 March	$368.00	$421.00	$.00
24 April	$368.00	$421.00	$.00
25 May	$368.00	$421.00	$.00
26 June	$368.00	$421.00	$.00
27 July	$368.00	$421.00	$.00
28 August	$368.00	$421.00	$.00
29 September	$368.00	$421.00	$.00
30 October	$368.00	$421.00	$.00
31 November	$368.00	$421.00	$.00
32 December	$368.00	$421.00	$.00
33 Annual Totals	$3,680.00	$4,210.00	$.00

Lines 75—Overpayment to 79—Amount You Owe

Kevin wants half of his refund deposited to his checking account and the other half applied to 2016. If he owes, he wants a direct debit from his checking account. He provided you a check.


KEVIN R KERRY
8705 SOMERSBY WAY
YOUR CITY, YS ZIP

1234

PAY TO THE ORDER OF

$

DOLLARS

Your Bank
Bank City, State, ZIP Code

For

⑈ 325070760 ⑈ 987123654 1234

If using TaxWise®, review the Forms Tree and address any red exclamation marks by completing the unanswered questions. Run Diagnostics and create the e-files to ensure there are no e-filing problems.

Signature Line

Kevin wants to sign the return using the Practitioner's Pin.
Instruct Kevin how he should sign the 8879 authorization form - for himself and, especially, for Mary.

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

STATE SUPPLEMENTAL EXERCISES:

Use W-2 state wages (box 18) from Petroleum Oil & Gas of $30,283
(federal wages box 1 stays at $32,283)

Use Sch D state capital loss carryover of $600 (federal stays at $450)