2021 - 2022
VOLUNTEER INCOME TAX ASSISTANCE (VITA)

Virtual VITA Training
Live Webinar – Basic #2

CWFphilly.org
Welcome Back!
Basic Training Overview

COMPLETED:

✔ Online training courses 1-3
✔ Pass the 2 ethics tests on Link&Learn
✔ Complete course: Practice Makes Perfect: Basic Scenarios
✔ Attend Live Webinar - Basic #1
✔ Complete course: Intro to TaxSlayer Practice Lab

TO DO:

❑ Attend this Live Webinar - Basic #2
❑ Certify Basic on Link&Learn
Live Webinar - Basic #2

**Agenda**

- Finish 2021 Basic Certification Exam
- Complete scenarios 7-9
- Pub 6744 – pages 40-63
## Live Webinar - Basic #2

### Format
- Powerpoint
- Polls

### Resources
- Pub 4012
- Pub 6744

### Notes
- Take notes
- Record answers

Please have Pubs 4012 and 6744 open in separate tabs for reference throughout the webinar.
READY?

LET’S DIG IN!

REMEMBER: Please have Pubs 4012 and 6744 open in separate tabs for reference throughout the webinar.
### Intake/Interview & Quality Review Sheet

**Department of the Treasury - Internal Revenue Service**

**Form 13614-C**

(October 2021)

**OMB Number**: 1545-1994

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**Part I – Your Personal Information**

**If you are filing a joint return, enter your names in the same order as last year’s return**

<table>
<thead>
<tr>
<th>1. Your first name</th>
<th>M.I.</th>
<th>Last name</th>
<th>Best contact number</th>
<th>Are you a U.S. citizen?</th>
<th>Your phone #</th>
<th>Is your spouse a U.S. citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRED</td>
<td></td>
<td>JONES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILMA</td>
<td></td>
<td>JONES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2. Your spouse’s first name**

<table>
<thead>
<tr>
<th>M.I.</th>
<th>Last name</th>
<th>Best contact number</th>
<th>Your phone #</th>
<th>Are you a U.S. citizen?</th>
<th>Your phone #</th>
<th>Is your spouse a U.S. citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3. Mailing address**

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1086 STONE STREET</td>
<td>YOUR CITY</td>
<td>YES</td>
<td>YOUR ZIP</td>
</tr>
</tbody>
</table>

**4. Your Date of Birth**

| 7/18/1964 |

**5. Your job title**

| RETIRED |

**6. Last year, were you**

- a. Full-time student
- b. Totally and permanently disabled
- c. Legally blind

<table>
<thead>
<tr>
<th>a. Full-time student</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**7. Your spouse’s date of Birth**

| 1/30/1963 |

**8. Your spouse’s job title**

| CLERK |

**9. Last year, was your spouse**

- a. Full-time student
- b. Totally and permanently disabled
- c. Legally blind

<table>
<thead>
<tr>
<th>a. Full-time student</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**10. Can anyone claim you or your spouse as a dependent?**

- Yes
- No
- Unsure

**11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?**

- Yes
- No
- Unsure

**12. Provide an email address (optional)**

(email address will not be used for contacts from the Internal Revenue Service)

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**Part II – Marital Status and Household Information**

**As of December 31, 2021, what was your marital status?**

- [ ] Married
- [ ] Divorced
- [ ] Legally Separated
- [ ] Widowed

**This includes registered domestic partnerships, civil unions, or other formal relationships under state law**

**a. If Yes, Did you get married in 2021?**

- [ ] Yes
- [ ] No

**b. Did you live with your spouse during any part of the last six months of 2021?**

- [ ] Yes
- [ ] No

**2. List the names below of:***

- everyone who lived with your last year other than your spouse;
- anyone you supported but did not live with you last year.

<table>
<thead>
<tr>
<th>Name (first last)</th>
<th>Date of Birth (mm/dd/yy)</th>
<th>Relationship to you (for example, son, daughter, parent, none, etc.)</th>
<th>Number of months lived in your home last year</th>
<th>US Citizen (yes/no)</th>
<th>Resident of US, Canada, or Mexico last year (yes/no)</th>
<th>Single or Married as of 12/31/21 (SM) (yes/no)</th>
<th>Full-time Student last year (yes/no)</th>
<th>Totally and Permanently Disabled (yes/no)</th>
<th>Is this person a qualifying child/relative of any other person? (yes/no)</th>
<th>Did this person provide more than 50% of his/her own support (yes/no)</th>
<th>Did this person provide more than $3,400 of support for this person (yes/no)</th>
<th>Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEPHEN JONES</td>
<td>9/3/2003</td>
<td>SON</td>
<td>12</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

---

**To be completed by a Certified Volunteer Preparer**

**If additional space needed check here and list on page 2**

---
Check appropriate box for each question in each section

**Part III - Income - Last Year, Did You (or Your Spouse) Receive**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Question</th>
</tr>
</thead>
</table>
| X   |    |        | 1. (B) Wages or Salary? (Form W-2)  
| X   |    |        | If yes, how many jobs did you have last year?  
| X   |    |        | 2. (A) Tip Income?  
| X   |    |        | 3. (B) Scholarships? (Forms W-2, 1096-T)  
| X   |    |        | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)  
| X   |    |        | 5. (B) Refund of state/local income taxes? (Form 1099-G)  
| X   |    |        | 6. (B) Alimony income or separate maintenance payments?  
| X   |    |        | 7. (A) Self-Employment Income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)  
| X   |    |        | 8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?  
| X   |    |        | 9. (A) Income (or loss) from the sale or exchange of Stock, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)  
| X   |    |        | 10. (B) Disability Income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)  
| X   |    |        | 11. (A) Retirement income or payments from Pensions, Annuities, and/or IRA? (Form 1099-R)  
| X   |    |        | 12. (B) Unemployment Compensation? (Form 1099-G)  
| X   |    |        | 13. (B) Social Security or Railroad Retirement Benefits? (Form SSA-1099, RRB-1099)  
| X   |    |        | 14. (M) Income (or loss) from Rental Property?  
| X   |    |        | 15. (B) Other Income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)

**Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Question</th>
</tr>
</thead>
</table>
| X   |    |        | 1. (B) Alimony or separate maintenance payments?  
| X   |    |        | If yes, do you have the recipient’s SSN?  
| X   |    |        | ☐ Yes ☐ No  
| X   |    |        | 2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ 401K (B) ☐ Roth IRA (B) ☐ Other  
| X   |    |        | 3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)  
| X   |    |        | 4. Any of the following? ☐ A Medical & Dental (including Insurance premiums) ☐ A Mortgage Interest (Form 1098) ☐ A Taxes (State, Real Estate, Personal Property, Sales) ☐ B Charitable Contributions  
| X   |    |        | 5. (B) Child or dependent care expenses such as daycare?  
| X   |    |        | 6. (B) For supplies used as an eligible educator such as a teacher, teacher’s aide, counselor, etc.?  
| X   |    |        | 7. (A) Expenses related to self-employment income or any other income you received?  
| X   |    |        | 8. (B) Student loan interest? (Form 1098-E)  

**Part V - Life Events - Last Year, Did You (or Your Spouse)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Question</th>
</tr>
</thead>
</table>
| X   |    |        | 1. (A) Have a Health Savings Account? (Forms 598-SA, 1099-SA, W-2 with code W in box 12)  
| X   |    |        | 2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)  
| X   |    |        | 3. (A) Adopt a child?  
| X   |    |        | 4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?  
| X   |    |        | 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)  
| X   |    |        | 6. (A) Receive the First Time Homebuyers Credit in 2008?  
| X   |    |        | 7. (A) Make estimated tax payments or apply last year’s refund to this year’s tax? If so how much? $600  
| X   |    |        | 8. (A) File a federal return last year containing a “capital loss carryover” on Form 1040 Schedule D?  
| X   |    |        | 9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]  
| X   |    |        | 10. (B) Receive an Economic Impact Payment (stimulus) in 2021?  
| X   |    |        | 11. (B) Receive Advanced Child Tax Credit payments?
Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? □ Yes □ No □ If yes, which language?

2. Presidential Election Campaign Fund (if you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund □ You □ Spouse

3. If you are due a refund, would you like: a. Direct deposit □ Yes □ No b. To purchase U.S. Savings Bonds □ Yes □ No c. To split your refund between different accounts □ Yes □ No □ Yes □ No □ No

4. If you have a balance due, would you like to make a payment directly from your bank account? □ Yes □ No

5. Did you or your spouse if filing jointly receive a letter from the IRS? □ Yes □ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer

8. Would you say you can read a newspaper or book in English? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer

9. Do you or any member of your household have a disability? □ Yes □ No □ Prefer not to answer

10. Are you or your spouse a Veteran from the U.S. Armed Forces? □ Yes □ No □ Prefer not to answer

11. Your race?
   □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer

12. Your spouse’s race?
   □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer

13. Your ethnicity?
   □ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer

14. Your spouse’s ethnicity?
   □ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer

Additional comments

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1066. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP 1111 Constitution Ave. NW, Washington, DC 20224

Catalog Number: 5221E

www.irs.gov

Form 13614-C (Rev. 10-2021)
<table>
<thead>
<tr>
<th>Employee's social security number</th>
<th>128-00-XXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer identification number (EIN)</td>
<td>35-600XXXX</td>
</tr>
<tr>
<td>Employer's name, address, and ZIP code</td>
<td>STONE STREET MARKET 500 PEBBLES YOUR CITY, YOUR STATE, ZIP</td>
</tr>
<tr>
<td>Control number</td>
<td></td>
</tr>
<tr>
<td>Employee's first name and initial</td>
<td>WILMA</td>
</tr>
<tr>
<td>Last name</td>
<td>JONES</td>
</tr>
<tr>
<td>Address and ZIP code</td>
<td>100 STONE STREET YOUR CITY, YOUR STATE, ZIP</td>
</tr>
</tbody>
</table>

### Form W-2 Wage and Tax Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, tips, other compensation</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>Federal income tax withheld</td>
<td>$2,700.00</td>
</tr>
<tr>
<td>Social security wages</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>Social security tax withheld</td>
<td>$2,604.00</td>
</tr>
<tr>
<td>Medicare wages and tips</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>Medicare tax withheld</td>
<td>$609.00</td>
</tr>
<tr>
<td>Social security tips</td>
<td></td>
</tr>
<tr>
<td>Allocated tips</td>
<td></td>
</tr>
<tr>
<td>Nonqualified plans</td>
<td>DD</td>
</tr>
<tr>
<td>Statutory employer</td>
<td>X</td>
</tr>
<tr>
<td>Retirement plan</td>
<td></td>
</tr>
<tr>
<td>Third-party sick pay</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Department of the Treasury—Internal Revenue Service

Copy B—To BeFiled With Employee’s FEDERAL Tax Return.
<table>
<thead>
<tr>
<th>Distribution Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Distribution</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Taxable Amount</td>
<td></td>
</tr>
<tr>
<td>Taxable amount not determined</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Total Distribution</td>
<td></td>
</tr>
<tr>
<td>Capital gain (included in box 2a)</td>
<td></td>
</tr>
<tr>
<td>Federal income tax withheld</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

**Copies:**

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

This information is being furnished to the IRS.

**Form 1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service
**FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2021**

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

<table>
<thead>
<tr>
<th>Box 1. Name</th>
<th>FRED JONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 2. Beneficiary’s Social Security Number</td>
<td>127-00-XXXX</td>
</tr>
</tbody>
</table>

| Box 3. Benefits Paid In 2021 | $9,000.00 |
| Box 4. Benefits Repaid to SSA in 2021 | |

**DESCRIPTION OF AMOUNT IN BOX 3**

Paid by check or direct deposit: $9,000

| Box 5. Net Benefits for 2021 (Box 3 minus Box 4) | $9,000.00 |

**DESCRIPTION OF AMOUNT IN BOX 4**

| Box 6. Voluntary Federal Income Tax Withholding | $900.00 |
| Box 7. Address | 100 STONE STREET YOUR CITY, YOUR STATE, ZIP |

**Draft as of June 21, 2021 - Subject to Change**
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ordinary dividends</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>Qualified dividends</td>
<td>$2,200.00</td>
</tr>
<tr>
<td>Total capital gain distr.</td>
<td></td>
</tr>
<tr>
<td>Section 1202 gain</td>
<td></td>
</tr>
<tr>
<td>Section 897 ordinary dividends</td>
<td></td>
</tr>
<tr>
<td>Nondividend distributions</td>
<td></td>
</tr>
<tr>
<td>Federal income tax withheld</td>
<td>$522.00</td>
</tr>
<tr>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>Foreign tax paid</td>
<td></td>
</tr>
<tr>
<td>Cash liquidation distributions</td>
<td></td>
</tr>
<tr>
<td>Exempt-interest dividends</td>
<td></td>
</tr>
<tr>
<td>Specified private activity bond interest dividends</td>
<td></td>
</tr>
</tbody>
</table>

**PAYER'S name**: BANK OF BEDROCK

**RECIPIENT'S name**: FRED JONES

**Address**: 100 STONE STREET

**City or town**, **state or province**, **country**, and **ZIP or foreign postal code**: YOUR CITY, YOUR STATE, ZIP

**Social security number**: 39-400XXXX

**Tax return**: For Recipient

**Copy B**: (keep for your records)

**Form 1099-DIV**: (keep for your records)

**Department of the Treasury - Internal Revenue Service**

**www.irs.gov/Form1099DIV**
Form 1098-T

Tuition Statement

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

RUBBLE UNIVERSITY
900 COLLEGE BLVD
YOUR CITY, YOUR STATE, ZIP

FILER'S employer identification no.
89-700XXXX

STUDENT'S TIN
129-00-XXXX

1 Payments received for qualified tuition and related expenses
$ 8,700.00

2021

OMB No. 1545-1574

STUDENT'S name
STEPHEN JONES

Street address (including apt. no.)
100 STONE STREET

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

Service Provider/Acct. No. (see instr.)

3

4 Adjustments made for a prior year
$ 6,800.00

5 Scholarships or grants

6 Adjustments to scholarships or grants for a prior year
$ 

7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2022

8 Checked if at least half-time student

9 Checked if a graduate student

10 Ins. contract reimb./refund

Form 1098-T (keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service
Buckeye College Meal Plan

Buckeye College Student Housing
575 College Blvd.
Your City, State ZIP

Received from:
Stephen Jones
$4,500

College Books
580 College Blvd
Your City, State ZIP

Receipt:
3 Textbooks: $500
Parking Sticker: $90

Payment for books is also on the college website.
# Rubble University

**900 College Blvd**

---

**Date:** August 18, 2021  
**To:** Stephen Jones  
**Ship To:** Same as recipient  
**Address:** 100 Stone Street

---

**Invoice #05684**

### Quantity Description  
Online Textbook Fee

### Unit Price  
$100

### Total  
$100

---

Subtotal  
$100

Sales Tax

Shipping & Handling

Total  
$100

---

Thank you for your business!
Let’s Check-In

POLL
Questions?
Basic Scenario 8: Sheila Parsons

Directions

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

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

Interview Notes

• Sheila is single and 45 years old.

• Sheila has two children. Rebecca, age 18, has a job and earned wages of $4,900. John, age 25, also worked and earned wages of $4,500. Both children lived with her all year.

• Sheila paid all the cost of keeping up the home and more than half the support for her children.

• Sheila received disability pension benefits, but she has not reached the minimum retirement age of her employer’s plan.

• She does not have enough expenses to itemize for the 2021 tax year.

• Sheila received a $2,800 Economic Impact Payment (EIP3) in 2021.

• Sheila, Rebecca, and John are U.S. citizens and have valid Social Security numbers. They all lived in the United States for the entire year.

• If she has any balance due or refund, she would like to use Branch Bank: Bank Routing number is 128760000, Checking Account number is 123456
Intake/Interview & Quality Review Sheet

Department of the Treasury - Internal Revenue Service

You will need:
- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver’s license) for you and your spouse.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at vrs@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year’s return)

1. Your first name _______________________________ M.I. ___________________________ Last name _______________________________
   SHERLA PARSONS

2. Your spouse’s first name ___________________________ M.I. ___________________________ Last name ___________________________

3. Mailing address
   320 MAIN STREET
   Apt. # __________ City ___________________________ State __________ ZIP code ________

4. Your Date of Birth _________________ Your job title ___________________________
   08/23/1978 RETIRED

5. Last year, were you:
   a. Full-time student
   b. Totally and permanently disabled
   c. Legally blind

6. Your spouse’s Date of Birth _________________ Your spouse’s job title ___________________________
   09/15/1980

7. Last year, was your spouse:
   a. Full-time student
   b. Totally and permanently disabled
   c. Legally blind

8. Can anyone claim you or your spouse as a dependent? ___ Yes ___ No ___ Unsure

9. Have you, your spouse, or dependents been a victim of tax-related identity theft or been issued an Identity Protection PIN? ___ Yes ___ No

10. Provide an email address (optional) (This email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?
   ___ Married
   ___ Divorced
   ___ Legally Separated
   ___ Widowed
   ___ Never Married

   (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

   a. Did you get married in 2021?
   b. Did you live with your spouse during any part of the last six months of 2021?

   Date of final decree ___________________________

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

   Name (first, last) ___________________________ Date of Birth (mm/dd/yy) _______________________
   Relationship to you (e.g. daughter, parent, etc.) ___________________________
   Number of months lived in your home last year ___________________________
   US Citizen (yes/no) ___________________________
   Resident of US, Canada, or Mexico last year (yes/no) ___________________________
   Single or Married as of 12/31/21 (if single) ___________________________
   Total full-time student last year (yes/no) ___________________________
   Totally and permanently disabled (yes/no) ___________________________

   Is this person a qualifying relative of any other person (yes/no) ___________________________
   Did this person provide more than 50% of this person’s (yes/no) ___________________________
   Did this person have less than $4,320 in income (yes/no) ___________________________
   Did the taxpayer(s) pay more than half the cost of maintaining a home for this person (yes/no) ___________________________

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

   To be completed by a Certified Volunteer Preparer

   Signature ___________________________ Date ___________________________

   REBECCA PARSONS 05/09/2003 DAUGHTER 12 YES YES S YES NO
   JOHN PARSONS 07/31/1996 SON 12 YES YES S YES NO

Catalog Number 52121E www.irs.gov

Form 13614-C (Rev. 10-2021)
### Part III - Income - Last Year, Did You (or Your Spouse) Receive

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### Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay

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<td></td>
<td>(A) Taxes (State, Real Estate, Personal Property, Sales)</td>
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<td>(B) Charitable Contributions</td>
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### Part V - Life Events - Last Year, Did You (or Your Spouse)

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<td>(4) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?</td>
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<td></td>
<td></td>
<td>(5) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)</td>
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<td></td>
<td>(6) Receive the First Time Homebuyers Credit in 2008?</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>(7) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(8) File a federal return last year containing a &quot;capital loss carryover&quot; on Form 1040 Schedule D?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>(9) Have health coverage through the Marketplace (Exchange)? (Provide Form 1095-A)</td>
</tr>
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<td></td>
<td>(10) Receive an Economic Impact Payment (stimulus) in 2021?</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>(11) Receive Advanced Child Tax Credit payments?</td>
</tr>
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</table>
Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? □ Yes □ No □ If yes, which language?

2. Presidential Election Campaign Fund (if you check a box, your tax refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund □ You □ Spouse

3. If you are due a refund, would you like: a. Direct deposit □ Yes □ No b. To purchase U.S. Savings Bonds □ Yes □ No c. To split your refund between different accounts □ Yes □ No

4. If you have a balance due, would you like to make a payment directly from your bank account? □ Yes □ No

5. Did you live in an area that was declared a Federal disaster area? □ Yes □ No □ If yes, where?

6. Did you, or your spouse if filing jointly, receive a letter from the IRS? □ Yes □ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer

8. Would you say you can read a newspaper or book in English? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer

9. Do you or any member of your household have a disability? □ Yes □ No □ Prefer not to answer

10. Are you or your spouse a Veteran from the U.S. Armed Forces? □ Yes □ No □ Prefer not to answer

11. Your race?
   □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer

12. Your spouse’s race?
   □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer

13. Your ethnicity?
   □ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer

14. Your spouse’s ethnicity?
   □ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 26 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and participation in IRS volunteer income tax preparation and outreach activities. The information may also be used to establish accurate controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1064. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE/WCC:MP:T:T:S:P, 1111 Constitution Ave, NW, Washington, DC 20224

Catalog Number 0212E www.irs.gov Form 13614-C (Rev. 10-2021)
### Form 1099-R

**Corrections (if checked)**

<table>
<thead>
<tr>
<th>Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 2021</strong></td>
</tr>
<tr>
<td><strong>Distributions</strong></td>
</tr>
<tr>
<td><strong>Gross Distribution</strong></td>
</tr>
<tr>
<td><strong>Taxable Amount</strong></td>
</tr>
<tr>
<td><strong>Taxable Amount determined</strong></td>
</tr>
</tbody>
</table>

**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 Information**

**Name:** Sheila Parsons  
**Address:** 320 Main Street, Anytown, State 00000

**Social Security Number:** 123-45-6789

**FATCA:** No

**Amount allocable to IRAs within 5 years:** $0

**State/County Social Security no.:** 128760000

**Local distribution:** 123456

---

**Form 1040**

**Payer’s Name:** DELK CORPORATION  
**Address:** 983 Green Street, Your City, Your State, ZIP

**Social Security Number:** 56-700XXXX

**Recipient’s Name:** SHEILA PARSONS

**Address:** 320 Main Street, Anytown, State 00000

**Social Security Number:** 127-00-XXXX

---

**Form 1099-R**

**OMB No. 1545-0119**

**www.irs.gov/Form1099R**
Let's Check-In

POLL
Questions?
Basic Scenario 9: Mary Rodgers

Directions
Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.

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

Interview Notes

- Mary is 30 years old and married to Mark, age 36. Mark passed away on January 30, 2021.
- Mark was unemployed and had no income in 2021 due to his illness.
- Mary’s seven-year-old daughter, Jenny, lived with her the entire year.
- Mary paid more than half the cost of keeping up a home and support for Mark and Jenny.
- Mary received a distribution from her traditional IRA in January to pay for living expenses.
- Mary was a full-time high school teacher and earned $35,000 in wages. Mary purchased supplies for her class out of her own pocket totaling $320.
- Mary received a W-2G in the amount of $8,200 from the local casino.
- Mary paid child and dependent care expenses for Jenny while she worked.
- Mary elected not to receive advance child tax credit payments.
- Mary and Mark received a $4,200 Economic Impact Payment (EIP3) in 2021.
- Mary, Mark, and Jenny were not medically or financially affected by the COVID-19 pandemic.
- Mary, Mark, and Jenny are U.S. citizens and have valid Social Security numbers. They all lived in the United States for the entire year.
- If Mary is entitled to a refund, she would like to deposit half into her checking account and half into her savings account. Documents from Adelphi Bank and Trust show that the routing number for both accounts is 1110000025. Her checking account number is 113355779 and her savings account number is 224468830.
Form 13614-C

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

You will need:
- Tax information such as Forms W-2, 1099, 1098, 1059.
- 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 1-4 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.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

Part I – Your Personal Information
(If you are filing a joint return, enter your names in the same order as last year’s return)

1. Your first name
   MARY
2. Your spouse’s first name
   MARK

3. Mailing address
   176 PACKER DRIVE
   Apt #
   Your city
   State
   ZIP code

4. Your Date of Birth
   02/14/1981
5. Your job title
   ADMINISTRATIVE ASSISTANT

6. Last year, were you:
   a. Full-time student
   Yes ☐ No ☑
   b. Totally and permanently disabled
   Yes ☛ No ☐
   c. Legally blind
   Yes ☛ No ☐

7. Your spouse’s Date of Birth
   01/15/1985
8. Your spouse’s job title
   UNEMPLOYED
   a. Full-time student
   Yes ☛ No ☐
   b. Totally and permanently disabled
   Yes ☛ No ☐
   c. Legally blind
   Yes ☛ No ☐

10. Can anyone claim you or your spouse as a dependent?
   ☐ Yes ☑ No ☒ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?
   ☐ Yes ☑ No ☒

12. Provide an email address (optional) this email address will not be used for contacts from the Internal Revenue Service
   Sparsons12@vita you

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?
   ☑ Married
   (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
   a. Did you get married in 2021?
      Yes ☛ No ☑
   b. Did you live with your spouse during any part of the last six months of 2021?
      Yes ☛ No ☑

   ☐ Divorced
      Date of final decree

   ☐ Legally Separated
      Date of separate maintenance decree

   ☐ Widowed
      Year of spouse’s death

1/30/2021

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

   Name (first, last) Do not enter your name or spouse’s name below
   Date of Birth
   Relationship to you (example: son, daughter, parent, etc.)
   Number of months lived in your home last year
   US Citizen (yes/no)
   Resident of U.S., Canada, or Mexico (yes/no)
   Single or Married as of 12/31/2021 (Y/N/M)
   Full-time Student (yes/no)
   Totally and Permanently Disabled (yes/no)
   Is this person a qualifying relative of any other person (yes/no)
   Did this person provide more than 50% of his or her own support (yes/no)
   Did this person provide more than $4,300 of support for this person (yes/no)
   Did the taxpayer(s) pay more than half of the cost of maintaining a home for this person (yes/no)

   JENNY RODGERS
   01/21/2014
   DAUGHTER
   12
   YES ☑
   YES ☑
   YES ☑
   NO ☑

To be completed by a Certified Volunteer Preparer

Catalog Number 52121E

www.irs.gov

Form 13614-C (Rev. 10-2021)
### Part III – Income – Last Year, Did You (or Your Spouse) Receive

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<td>2. Contributions or repayments to a retirement account?  ☐ IRA (A) ☑ 401K (B) ☑ Roth IRA (C) ☑ Other</td>
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<td>☑</td>
<td>✧</td>
<td>5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>6. (A) Receive the First Time Homebuyers Credit in 2018?</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>7. (B) Make estimated tax payments or apply last year's refund to this year's tax?  If so how much?</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>8. (A) File a federal return last year containing a capital loss carryover on Form 1040 Schedule D?</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>9. (A) Have health coverage through the Marketplace (Exchange)? (Provide Form 1095-A)</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>10. (B) Receive an Economic Impact Payment (stimulus) in 2021?</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
<td>✧</td>
<td>11. (B) Receive Advanced Child Tax Credit payments?</td>
</tr>
</tbody>
</table>
Additional information and Questions Related to the Preparation of Your Return
1. Would you like to receive written communications from the IRS in a language other than English? □ Yes □ No. If yes, which language?
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) □ You □ Spouse
3. If you are due a refund, would you want: □ Yes □ No a. Direct deposit b. To purchase U.S. Savings Bonds c. To split your refund between different accounts
4. If you have a balance due, would you like to make a payment directly from your bank account? □ Yes □ No
5. Did you live in an area that was declared a Federal disaster area? □ Yes □ No
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? □ Yes □ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer
8. Would you say you can read a newspaper or book in English? □ Very well □ Well □ Not well □ Not at all □ Prefer not to answer
9. Do you or any member of your household have a disability? □ Yes □ No □ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? □ Yes □ No □ Prefer not to answer
11. Your race?
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer
12. Your spouse’s race?
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Prefer not to answer

13. Your ethnicity?
□ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer
14. Your spouse’s ethnicity?
□ Hispanic or Latino □ Not Hispanic or Latino □ Prefer not to answer □ No spouse

Additional comments

---

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what will happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Under the law, we may not disclose this information to any other person or agency except as described below:

We may disclose information you provide to the Internal Revenue Service’s (IRS) customer service representatives, who provide assistance to taxpayers. We may also disclose information to the IRS’s legal and administrative staff, who perform duties related to the collection and enforcement of the tax laws.

We will not disclose this information to any other person or agency except as described below:

We will use this information to process your tax return and to verify the accuracy of the information reported on your tax return. We may also use this information to determine your eligibility for certain tax benefits or to make sure that the information you report is correct. We may also use this information to determine your eligibility for certain tax benefits or to make sure that the information you report is correct.

This information will not be disclosed to any other person or agency except as described below:

We may disclose this information to another government agency or organization if required by law or to a person under a court order. We may also disclose this information to another government agency or organization if required by law or to a person under a court order. We may also disclose this information to another government agency or organization if required by law or to a person under a court order. We may also disclose this information to another government agency or organization if required by law or to a person under a court order.
<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wages, tips, other compensation</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Federal income tax withheld</td>
<td>$2,150.00</td>
</tr>
<tr>
<td>3</td>
<td>Social security wages</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Social security tax withheld</td>
<td>$2,170.00</td>
</tr>
<tr>
<td>5</td>
<td>Medicare wages and tips</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>6</td>
<td>Medicare tax withheld</td>
<td>$507.50</td>
</tr>
<tr>
<td>7</td>
<td>Social security tips</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Allocated tips</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Control number</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Dependent care benefits</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Nonqualified plans</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>See instructions for box 12</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Statutory employees</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>Remuneration</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Other remuneration</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

**2021**

**Copy B—To BeFiled With Employee’s FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.
<table>
<thead>
<tr>
<th>PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code</th>
<th>1 Reportable winnings</th>
<th>2 Date won</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIDGETOP CASINO 777 CREST ROAD YOUR CITY, YOUR STATE, ZIP</td>
<td>$8,200.00</td>
<td>3/16/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of wager</th>
<th>3 Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poker</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal income tax withheld</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,968.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Winnings from identical wagers</th>
<th>8 Winner's taxpayer identification no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>620-00-XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 PAYER'S federal identification number</th>
<th>10 Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>38-600XXXX</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11 Winner's name</th>
<th>12 Second identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARY RODGERS</td>
<td>YS987654</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13 Street/Payer's state identification no.</th>
<th>14 State winnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>YS 31600XXX</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15 City or town, province or state, country, and ZIP or foreign postal code</th>
<th>16 Local winnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>178 PACKER DRIVE</td>
<td></td>
</tr>
<tr>
<td><strong>PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>
| **RILEY STATE BANK**  
123 SKIP WAY  
YOUR CITY, YOUR STATE, ZIP |
| **Gross distribution** |
| $4,000.00 |
| **Year** |
| 2021 |
| **Distributions From** |
| **Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.** |
| **Form 1099-R** |

| **PAYEE'S name and address** |
| **Mary Rodgers**  
178 Packard Drive  
Your City, Your State, Zip |
| **Payee's TIN** |
| 38-200xxxx |
| **Federal income tax withheld** |
| $800.00 |
| **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 IRS.** |

<table>
<thead>
<tr>
<th><strong>Account number (see instructions)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

Form 1099-R  
www.irs.gov/Form1099R  
Department of the Treasury - Internal Revenue Service
Student Loan Interest Statement

2021

RECIPIENT'S LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

MAGGIE MAE
854 LINCOLN RD
YOUR CITY, YOUR STATE, ZIP

BORROWER'S TIN
620-00-XXXX

RECIPIENT'S TIN
620-00-XXXX

$750.00

January 2, 1954

2 Check if box 1 does not include interest on mortgage debt of $100,000 or less.

Account number (see instructions)

Form 1098-E

www.irs.gov/Form1098E

Department of the Treasury - Internal Revenue Service
# Make A Way Daycare

**303 Twiggs Trail**  
Your City, State Zip  
(XXX) 555-5555

---

**Date:** December 31, 2021

**Received From:**

Mary Rodgers  
178 Packer Dr

---

**Provider:** Lynn Smith

---

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-School Care for Jenny Rodgers</td>
<td>$2,800</td>
<td>$2,800</td>
</tr>
</tbody>
</table>

---

**Total Amount Received for 2021 Childcare:** $2,800

---

Thank you for your business!

---

**Mary Rodgers**  
178 Packer Dr  
Your City, State Zip

---

**Payment Information:**

PAY TO THE ORDER OF: [Handwritten amount]

Adelphi Bank and Trust  
Anytown, State 00000

---

VOID
Let's Check-In
POLL
Questions?
NEXT STEPS

- Enter your answers into Link&Learn
- Pass the Basic Certification Exam
<table>
<thead>
<tr>
<th>Course name</th>
<th>Score</th>
<th>Pass/Fail (click for results)</th>
<th>Attempts (2 attempts per exam allowed)</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 Volunteer Standards of Conduct Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021 Intake/Interview and Quality Review Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021 Site Coordinator Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021 Basic Exam</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Additional Resources

https://cwfphilly.org/volunteer/training

Additional Training Resources

In addition to the content, you will learn in the online training courses, you can also refer to these supplemental resources from our partner, Prosperity Now:

- Types of Income
- Adjustments
- Deductions
- Refundable Credits
- Education Credits
- Affordable Care Act
- Finishing the Return
- What’s New for Returning Volunteers (Basic & Adv)
- Foreign Student (IRS course)
- Military (IRS course)

IRS Publications

- Publication 4012
  Tax preparation for training and a resource utilized at all VITA sites.
- Publication 6744
  Test booklet for all certification exams on Link & Learn.
- Publication 4491
  VITA Training Guide
- Publication 17
  Tax Guide
Additional Resources

https://cwfphilly.org/volunteer/training

NEW! Resources from our Partners @ United Way

- **2021 IRS Certification Study Guides**
  - Basic Exam
  - Advanced Exam

- **Quick Quizzes**
  - Filing Status, Filing Requirement, and Child Tax Credit (5 questions)
  - Education Expenses & Credits (4 Questions)
  - Education Credits and Married Filing Separately (6 Questions)
  - Child Tax Credits and Tip Income (7 questions)
  - Child Tax Credit & Credit for Other Dependent (8 questions)

- **IRS Certification Answers Guide**
  - Are you unsure about your answers? Use these tools to double-check the answers you have prior to submitting your answers on Link&Learn.
  - Basic Exam
  - Advanced Exam
Additional Resources

https://cwfphilly.org/volunteer/training

This is the Basic Study Guide. There is also one for Advanced.
REMEMBER

● Be sure to enter your hours into Vhub for this webinar
● If you get stuck at any point, you can always attend a Live Q&A session with Jonathan or utilize the resources on the CWF training page. They occur everyday during the week. Register on Vhub.
THANKS & GOOD LUCK!
We hope to see you at
Live Webinar - Advanced #1