



6744

VITA/TCE Volunteer Assistor's Test/Retest
Volunteer Income Tax Assistance (VITA) / Tax Counseling for the Elderly (TCE)

2020 RETURNS



Take your VITA/TCE training online at www.irs.gov (keyword: Link & Learn Taxes). Link to the Practice Lab to gain experience using tax software and take the certification test online, with immediate scoring and feedback.



How to Get Technical Updates?

Updates to the volunteer training materials will be contained in Publication 4491-X, VITA/TCE Training Supplement. The most recent version can be downloaded at: <https://www.irs.gov/pub/irs-pdf/p4491x.pdf>

Volunteer Standards of Conduct

VITA/TCE Programs

The mission of the VITA/TCE return preparation programs is to assist eligible taxpayers in satisfying their tax responsibilities by providing **free** tax return preparation. To establish the greatest degree of public trust, volunteers are required to maintain the highest standards of ethical conduct and provide quality service.

All VITA/TCE volunteers (whether paid or unpaid workers) must pass the Volunteer Standards of Conduct certification, and sign and date Form 13615, Volunteer Standards of Conduct Agreement, prior to working at a VITA/TCE site. In addition, return preparers, quality reviewers, site coordinators, and VITA/TCE tax law instructors must certify in the Intake/Interview & Quality Review and tax law prior to signing this form. This form is not valid until the site coordinator, sponsoring partner, instructor, or IRS contact confirms the volunteer's identity, with a government issued photo ID, and signs and dates the form.

As a volunteer in the VITA/TCE Programs, you must:

1. Follow the Quality Site Requirements (QSR).
2. Not accept payment, solicit donations, or accept refund payments for federal or state tax return preparation from customers.
3. Not solicit business from taxpayers you assist or use the knowledge you gained (their information) about them for any direct or indirect personal benefit for you or any other specific individual.
4. Not knowingly prepare false returns.
5. Not engage in criminal, infamous, dishonest, notoriously disgraceful conduct, or any other conduct deemed to have a negative effect on the VITA/TCE Programs.
6. Treat all taxpayers in a professional, courteous, and respectful manner.

Failure to comply with these standards could result in, but is not limited to, the following:

- Your removal from all VITA/TCE Programs;
- Inclusion in the IRS Volunteer Registry to bar future VITA/TCE activity indefinitely;
- Deactivation of your sponsoring partner's site VITA/TCE EFIN (electronic filing ID number);
- Removal of all IRS products, supplies, loaned equipment, and taxpayer information from your site;
- Termination of your sponsoring organization's partnership with the IRS;
- Termination of grant funds from the IRS to your sponsoring partner; and
- Referral of your conduct for potential TIGTA and criminal investigations.

TaxSlayer® is a copyrighted software program owned by Rhodes Computer Services. All screen shots that appear throughout the official Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) training materials are used with the permission of Rhodes Computer Services.

Confidentiality Statement:

All tax information you receive from taxpayers in your volunteer capacity is strictly confidential and should not, under any circumstances, be disclosed to unauthorized individuals.



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Preface

Quality Return Process

An accurate return is the most important aspect of providing quality service to the taxpayer. It establishes credibility and integrity in the program. Throughout the training material you were introduced to the major components of the VITA/TCE return preparation process, including:

- Understanding and applying tax law
- Screening and interviewing taxpayers
- Using references, resources, and tools
- Conducting quality reviews

During training, you were given an opportunity to apply the tax law knowledge you gained. You learned how to verify and use the information provided by the taxpayer on the intake and interview sheet in order to prepare a complete and correct tax return.

You also learned how to use your reference materials and conduct a quality review.

Now it is time to test the knowledge and skills you have acquired and apply them to specific scenarios. This is the final step to help you prepare accurate tax returns within your scope of training.

We welcome your comments for improving these materials and the VITA/TCE programs. You may follow the evaluation procedures located on Link & Learn Taxes at www.irs.gov or e-mail your comments to partner@irs.gov.

Thank you for being a part of this valuable public service for your neighbors and community.

Test Instructions

Special Accommodations

If you require special accommodations to complete the test, please advise your instructor, Site Coordinator, or other VITA/TCE volunteer contact immediately.

Reference Materials

This test is based on the tax law that was in effect when the publication was printed. Use tax year **2020** values for deductions, exemptions, tax, or credits for all answers on the test. Remember to round to the nearest dollar. Test answers have been rounded up or down as directed in the specific instructions on the form.

- This is an open book test. You may use your course book and any other reference material you will use as a volunteer. A draft Form 13614-C, Intake/Interview & Quality Review Sheet, is included in the return preparation scenarios. Use this form when completing the tax returns and answering the test questions.

Please complete this test on your own. Taking the test in groups or with outside assistance is a disservice to the customers you volunteered to help.

Using Tax Preparation Software

The Practice Lab is a tax year 2020 tax preparation tool developed to help in the certification process for VITA/TCE volunteers. Go to www.irs.gov and type “Link & Learn Taxes” in the keyword search field. Click on the link to open the website. The link to the Practice Lab is listed under “Additional Resources.” A universal password will be needed to access the Practice Lab. Your instructor, Site Coordinator, or other VITA/TCE volunteer contact will be able to provide you with the universal password. Once you access the Practice Lab, you will need to create an account if you do not already have one.

Using prior year software will not generate the correct answers for the 2020 test.

When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice. Use your city, state, and ZIP code when completing any of the forms, unless otherwise indicated. Any question posed by the software not addressed in the interview notes can be answered as you choose.

All taxpayer names, SSNs, EINs, and account numbers provided in the scenarios are fictitious.

Taking the Test

When taking the tests, you may encounter both mini-scenarios and tax preparation scenarios. The mini-scenarios do not require you to prepare a tax return. For each of these, **read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.** This test is based on the tax law that was in effect when the publication was finalized. The answers for the test and retest are based on 2020 values for deductions, exemptions, tax, and credits. The most current draft copies of forms were used at the time this document was published. The tax preparation scenarios require you to complete a sample tax return. You can use the Practice Lab to prepare the sample returns. Answer the questions following the scenario.

You can complete the certification tests online using the Link & Learn Taxes website for immediate scoring. Go to the Link & Learn Taxes e-learning application at www.linklearncertification.com or at www.irs.gov, using keyword search: Link & Learn. If your instructor prefers, you can complete the test answer sheet to be graded by hand.

Test Answer Sheet

The test scenarios on Link & Learn Taxes are the same as in this booklet. Read each question carefully before entering your answers online.

Mark your answers in the test booklet. Use the answer sheet if you are submitting the paper test to your instructor for grading. In that case, make sure your name is at the top of the page and give your Test Answer Sheet and the completed Form 13615, Volunteer Standards of Conduct Agreement to your instructor, Site Coordinator, or other VITA/TCE volunteer contact as directed. Do not submit your entire test booklet unless otherwise directed.

The retest questions are all based on the test scenarios. There are mini-scenarios and questions in Basic, Advanced, Military, and International. The Interview Notes for the mini-scenarios are included on the retest pages.

To answer the retest questions for return preparation scenarios, refer to the Interview Notes, Intake/Interview & Quality Review Sheet, and the tax return you prepared for the scenario.

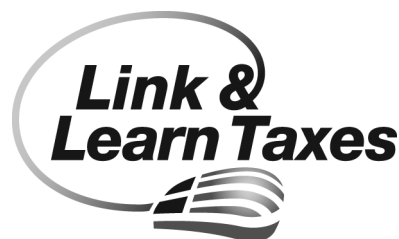
Test Score

Once you submit your responses, Link & Learn Taxes will grade your test, provide you with an immediate score, and allow you to print or save your Form 13615, Volunteer Standards of Conduct Agreement. The system will also provide feedback for any missed questions.

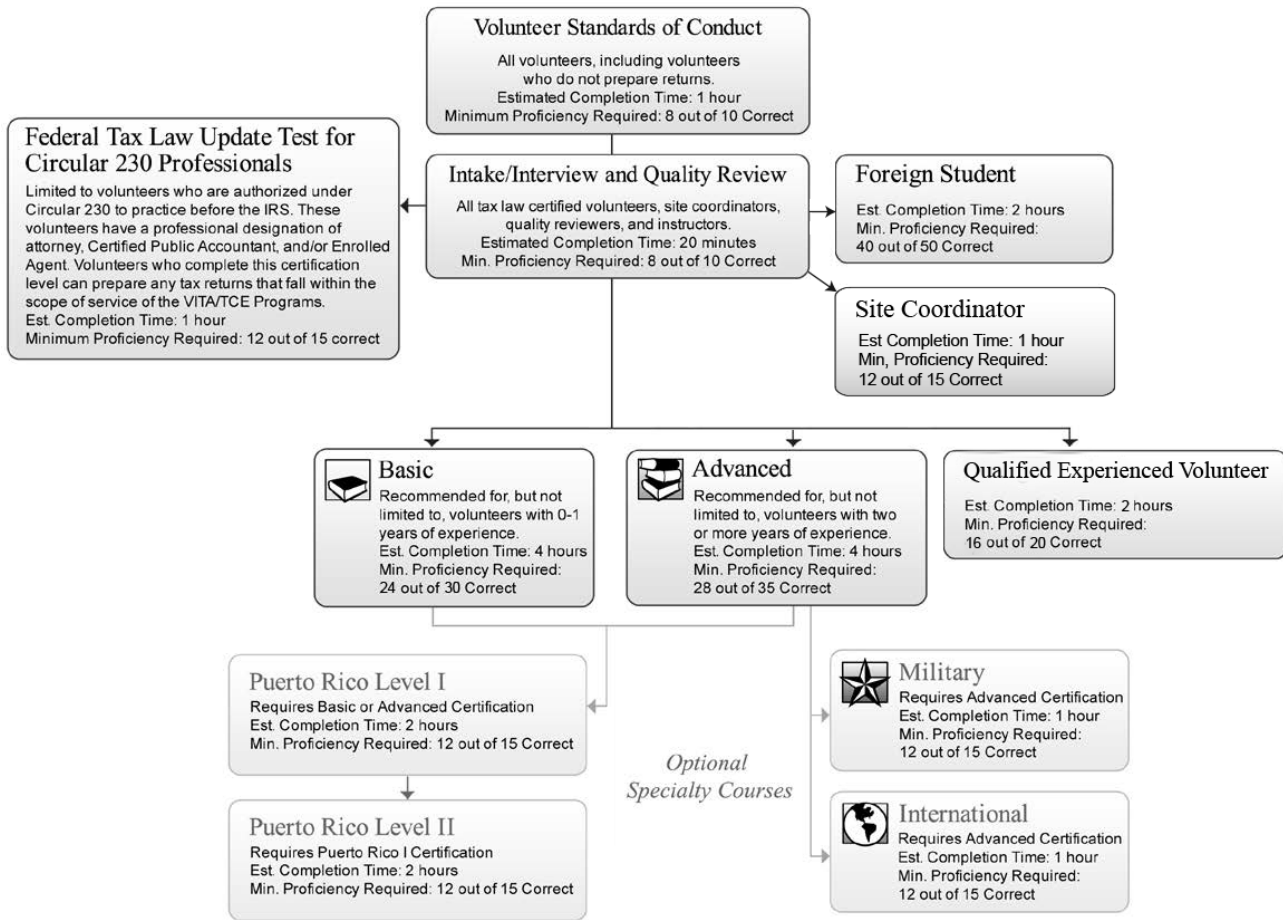
If you submit your paper test answer sheet to your instructor, he or she will advise you of your test results. Your signed Volunteer Standards of Conduct Agreement will be maintained by your Site Coordinator or other VITA/TCE volunteer contact.

Certification

A score of **80%** or higher is required for certification. If you do not achieve a score of at least **80%**, you should review the subjects you missed or discuss it with your instructor, Site Coordinator, or other VITA/TCE volunteer contact. For most tests, a retest is available. Retest questions are included in this test booklet.



Certification Tests



Test Answer Sheet

Name _____

If you are entering your test answers in Link & Learn Taxes, **do not use** this answer sheet. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Test Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

Privacy 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 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.

Question	Answer
Standards of Conduct	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Answers Correct: _____	
Total Questions:	10
Passing Score:	8 of 10

Question	Answer
Intake/Interview & Quality Review	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Answers Correct: _____	
Total Questions:	10
Passing Score:	8 of 10

Question	Answer
Site Coordinator Test	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions:	15
Passing Score:	12 of 15

Question	Answer
Basic Scenario 1	
1.	
2.	
Basic Scenario 2	
3.	
4.	
Basic Scenario 3	
5.	
6.	
Basic Scenario 4	
7.	
8.	
Basic Scenario 5	
9.	
10.	
Basic Scenario 6	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Basic Scenario 7	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
Basic Scenario 8	
25.	
26.	
27.	
28.	
29.	
30.	
Total Answers Correct: _____	
Total Questions:	30
Passing Score:	24 of 30

Question	Answer
Advanced Scenario 1	
1.	
2.	
Advanced Scenario 2	
3.	
4.	
Advanced Scenario 3	
5.	
6.	
7.	
8.	
Advanced Scenario 4	
9.	
10.	
Advanced Scenario 5	
11.	
12.	
Advanced Scenario 6	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
Advanced Scenario 7	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
Advanced Scenario 8	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
Total Answers Correct: _____	
Total Questions:	35
Passing Score:	28 of 35

Test Answer Sheet

Name _____

If you are entering your test answers in Link & Learn Taxes, **do not use** this answer sheet. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Test Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

Question	Answer
Qualified Experienced Volunteer Test	
QEV Scenario 1	
1.	
2.	
3.	
QEV Scenario 2	
4.	
5.	
QEV Scenario 3	
6.	
7.	
QEV Scenario 4	
8.	
9.	
QEV Scenario 5	
10.	
11.	
12.	
13.	
14.	
15.	
QEV Scenario 6	
16.	
17.	
18.	
19.	
20.	
Total Answers Correct: _____	
Total Questions: 20	
Passing Score: 16 of 20	

Question	Answer
Military Scenario 1	
1.	
2.	
Military Scenario 2	
3.	
4.	
5.	
6.	
Military Scenario 3	
7.	
8.	
Military Scenario 4	
9.	
10.	
Military Scenario 5	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Question	Answer
International Scenario 1	
1.	
2.	
International Scenario 2	
3.	
4.	
5.	
6.	
International Scenario 3	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Circular 230/Foreign Student Test Answer Sheet

Name _____

If you are entering your retest answers in Link & Learn Taxes, **do not use** this answer sheet. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Retest Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

Instructions: Volunteers with a Basic or Advanced certification may certify on Health Savings Accounts (HSA). HSA is an optional specialty training and certification test available on Link & Learn Taxes.

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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.

Question	Answer
Federal Tax Law Update Test for Circular 230 Professionals	
Circular 230 Scenario 1	
1.	
2.	
3.	
Circular 230 Scenario 2	
4.	
5.	
Circular 230 Scenario 3	
6.	
7.	
8.	
Circular 230 Scenario 4	
9.	
10.	
11.	
Circular 230 Scenario 5	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions:	15
Passing Score:	12 of 15

Question	Answer
Foreign Student Residency Status, Form 8843, and Filing Status	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Foreign Student Scenario 1	
14.	
15.	
16.	
17.	
Foreign Student Taxability of Income, ITINs, and Credits	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
Foreign Student Scenario 2	
25.	
26.	
27.	
28.	
29.	

Question	Answer
Foreign Student Scenario 3	
30.	
31.	
32.	
33.	
Foreign Student Scenario 4	
34.	
35.	
36.	
37.	
Foreign Student Refunds, Deductions, and the Best Form to Use	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
Total Answers Correct: _____	
Total Questions:	50
Passing Score:	40 of 50

Retest Answer Sheet

Name _____

If you are entering your retest answers in Link & Learn Taxes, **do not use** this answer sheet. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Retest Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

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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.

Question	Answer
Standards of Conduct	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Answers Correct: _____	
Total Questions: 10	
Passing Score: 8 of 10	

Question	Answer
Intake/Interview & Quality Review	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Answers Correct: _____	
Total Questions: 10	
Passing Score: 8 of 10	

Question	Answer
Site Coordinator Test	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Question	Answer
Basic Scenario 1	
1.	
2.	
Basic Scenario 2	
3.	
4.	
Basic Scenario 3	
5.	
6.	
Basic Scenario 4	
7.	
8.	
Basic Scenario 5	
9.	
10.	
Basic Scenario 6	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Basic Scenario 7	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
Basic Scenario 8	
25.	
26.	
27.	
28.	
29.	
30.	
Total Answers Correct: _____	
Total Questions: 30	
Passing Score: 24 of 30	

Question	Answer
Advanced Scenario 1	
1.	
2.	
3.	
Advanced Scenario 2	
4.	
5.	
Advanced Scenario 3	
6.	
7.	
Advanced Scenario 4	
8.	
9.	
Advanced Scenario 5	
10.	
11.	
12.	
Advanced Scenario 6	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
Advanced Scenario 7	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
Advanced Scenario 8	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
Total Answers Correct: _____	
Total Questions: 35	
Passing Score: 28 of 35	

Retest Answer Sheet

Name _____

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Question	Answer
Qualified Experienced Volunteer Test	
QEV Scenario 1	
1.	
2.	
3.	
QEV Scenario 2	
4.	
5.	
QEV Scenario 3	
6.	
7.	
QEV Scenario 4	
8.	
9.	
QEV Scenario 5	
10.	
11.	
12.	
13.	
14.	
15.	
QEV Scenario 6	
16.	
17.	
18.	
19.	
20.	
Total Answers Correct: _____	
Total Questions: 20	
Passing Score: 16 of 20	

Question	Answer
Military Scenario 1	
1.	
2.	
Military Scenario 2	
3.	
4.	
5.	
6.	
Military Scenario 3	
7.	
8.	
Military Scenario 4	
9.	
10.	
Military Scenario 5	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Question	Answer
International Scenario 1	
1.	
2.	
International Scenario 2	
3.	
4.	
5.	
6.	
International Scenario 3	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Circular 230 Retest Answer Sheet

Name _____

If you are entering your retest answers in Link & Learn Taxes, **do not use** this answer sheet. Use this only if you are submitting the paper test to your instructor for grading. In that case, record all your answers on this tear-out page. Your instructor will tell you where to send your Retest Answer Sheet for grading. Be sure to complete and sign Form 13615, Volunteer Standards of Conduct Agreement.

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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.

Question	Answer
Federal Tax Law Update Test for Circular 230 Professionals	
Circular 230 Scenario 1	
1.	
2.	
3.	
Circular 230 Scenario 2	
4.	
5.	
Circular 230 Scenario 3	
6.	
7.	
8.	
Circular 230 Scenario 4	
9.	
10.	
11.	
Circular 230 Scenario 5	
12.	
13.	
14.	
15.	
Total Answers Correct: _____	
Total Questions: 15	
Passing Score: 12 of 15	

Question	Answer
Foreign Student Residency Status, Form 8843, and Filing Status	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Foreign Student Scenario 1	
14.	
15.	
16.	
17.	
Foreign Student Taxability of Income, ITINs, and Credits	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
Foreign Student Scenario 2	
25.	
26.	
27.	
28.	
29.	

Question	Answer
Foreign Student Scenario 3	
30.	
31.	
32.	
33.	
Foreign Student Scenario 4	
34.	
35.	
36.	
37.	
Foreign Student Refunds, Deductions, and the Best Form to Use	
38.	
39.	
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48.	
49.	
50.	
Total Answers Correct: _____	
Total Questions: 50	
Passing Score: 40 of 50	



Volunteer Standards of Conduct Test

It is important that all individuals who volunteer their time and services in the VITA/TCE Programs understand their roles and responsibilities under the program. All volunteers are expected to:

- Take the Volunteer Standards of Conduct (VSC) Training, at a minimum, the first year of volunteering with VITA/TCE Programs
- Annually, pass the VSC/Ethics certification test with a score of 80% or higher; and
- Sign and date Form 13615, Volunteer Standards of Conduct Agreement, indicating they have successfully completed the certification test(s) and agree to adhere to the VSC.

These Volunteer Standards of Conduct requirements are in addition to the tax law certification process (i.e., Basic, Advanced, Military, or International) for becoming a qualified volunteer to teach tax law, correct tax returns, conduct quality reviews, prepare tax returns, or address tax law related questions as a volunteer in the VITA/TCE Programs.

Use your training and reference tools to answer the questions. You must answer eight of the following ten questions correctly to pass the Volunteer Standards of Conduct test.

Test Questions

Directions

Using your resource materials, answer the following questions:

1. Prior to working at a VITA/TCE site, **ALL** VITA/TCE volunteers (greeters, client facilitators, tax preparers, quality reviewers, etc.) must:
 - a. Annually pass the Volunteer Standards of Conduct (VSC) certification test with a score of 80% or higher.
 - b. Sign and date the Form 13615, Volunteer Standards of Conduct Agreement, agreeing to comply with the VSC by upholding the highest ethical standards.
 - c. Pass the Advanced tax law certification.
 - d. All of the above.
 - e. Both a and b
2. Can a volunteer be removed and barred from the VITA/TCE Programs for violating the Volunteer Standards of Conduct?
 - a. Yes
 - b. No

3. If a taxpayer offers you a \$20 bill because they were so happy about the quality service they received, what would be the appropriate action to take?
 - a. Take the \$20 and thank the taxpayer for the tip.
 - b. Tell the taxpayer it would be better to have the \$20 deposited directly into your bank account from his refund.
 - c. Thank the taxpayer, and explain that you **cannot** accept any payment for your services.
 - d. Refer the taxpayer to the tip jar located on the quality review and print station.
4. Jake is an IRS tax law-certified volunteer preparer at a VITA/TCE site. When preparing a return for Jill, Jake learns that Jill does **not** have a bank account to receive a direct deposit of her refund. Jill is distraught when Jake tells her the paper refund check will take three or four weeks longer than the refund being direct deposited. Jill asks Jake if he can deposit her refund in his bank account and then turn the money over to her when he gets it. What should Jake do?
 - a. Jake can offer to use his account to receive the direct deposit, and turn the money over to Jill once the refund is deposited.
 - b. Jake should explain that a taxpayer's federal or state refund **cannot** be deposited into a VITA/TCE volunteer's bank account and she will have to open an account in her own name to have the refund direct deposited.
 - c. Jake can suggest she borrow a bank account number from a friend because the taxpayer's name does **not** need to be on the bank account.
5. Max prepares a tax return for Ali at a VITA/TCE site. He finds out during the interview that Ali has no health insurance. After Ali leaves the site, Max writes her name and contact information down to take home to his wife who sells health insurance for profit. Which of the following statements is **true**?
 - a. There is no violation to the Volunteer Standards of Conduct (VSC) unless Max's wife makes a big commission on the sale of health insurance to Ali.
 - b. Max has violated the VSC because he is using confidential information to engage in a financial transaction to further his own or another's personal interest.
 - c. Max is doing Ali a favor by using her personal information to secure business for his wife.
 - d. Information a taxpayer provides at a VITA/TCE site can be used for the volunteer's personal gain.

6. Bob, an IRS tax law-certified volunteer preparer, told the taxpayer that cash income does **not** need to be reported because the IRS does **not** know about it. Bob indicated NO cash income on Form 13614-C. Bob prepared a tax return excluding the cash income. Jim, the designated quality reviewer, was unaware of the conversation and therefore unaware of the cash income and the return was printed, signed, and e-filed. Who has violated the Volunteer Standards of Conduct?
- Bob, the tax law-certified volunteer who prepared the return.
 - Jim, the designated quality reviewer who was unaware of the cash income when he reviewed the return.
 - Betty, the site coordinator.
 - No one has violated the Volunteer Standards of Conduct.
7. Sue, a VITA/TCE site coordinator, was watching the local news when she saw Aaron, a new tax law-certified volunteer, in a story about several bank employees being arrested for suspicion of embezzlement. She saw Aaron being led out of the bank in handcuffs. Three days later, Sue is shocked when she sees Aaron show up at the site ready to volunteer, apparently out on bond. She pulls Aaron aside and explains that his arrest on suspicion of embezzlement could have a negative effect on the site and therefore she must ask him to leave the site. Sue uses the external referral process to report the details to IRS-SPEC by sending an email to WI.Voltax@irs.gov. Did Sue take appropriate actions as the site coordinator?
- Yes
 - No
8. Heidi, a VSC-certified volunteer, is working at the intake station. As part of her duties, she is required to explain to the taxpayer what they are expected to do today as part of the return preparation process. What should Heidi tell them?
- Form 13614-C, Intake/Interview & Quality Review Sheet, must be completed prior to having the return prepared.
 - You will be interviewed by the return preparer and asked additional questions as needed.
 - You need to participate in a quality review of your tax return by someone other than the return preparer.
 - All of the above.
9. During the intake process, the volunteer should verify the taxpayer (and spouse, if applicable) have photo identification. Additionally, taxpayers must provide verification of taxpayer identification number (SSN or ITIN) for everyone who will be on the tax return.
- True
 - False

10. Mary, a VSC-certified greeter, reviews the taxpayer's completed Form 13614-C, page 2, to identify what potential volunteer certification level is needed for this tax return. Mary sees the taxpayer has checked the "yes" box indicating he has self-employment income and the certification level next to the question is (A). All other questions answered "yes" have a (B) certification. When Mary assigns the return to a tax preparer, what tax law certification level should the tax preparer have?
- a. Advanced
 - b. Basic
 - c. It doesn't matter, any level is fine
 - d. No tax law certification is necessary



Volunteer Standards of Conduct Retest Questions

Directions

Using your resource materials, answer the following questions:

1. Which volunteers must pass the Volunteer Standards of Conduct (VSC) certification test?
 - a. Site coordinators/local coordinators
 - b. Quality reviewers and tax return preparers
 - c. Greeters or client facilitators
 - d. All VITA/TCE site volunteers must pass the VSC certification test
2. Failure of a VITA/TCE volunteer to comply with the Volunteer Standards of Conduct could result in which of the following?
 - a. The volunteer's removal from the VITA/TCE Programs.
 - b. The volunteer's inclusion in the IRS Volunteer Registry to bar future VITA/TCE activity indefinitely.
 - c. Termination of the sponsoring organization's partnership with the IRS.
 - d. All of the above may be considered an appropriate action depending on the type of violation and the sponsoring organization's corrective actions.
3. Is having a donation/tip jar at the quality review station within the VITA/TCE site a violation of the Volunteer Standards of Conduct?
 - a. Yes
 - b. No
4. Maggie wants her tax refund quickly; however, she doesn't have a bank account for direct deposit. She asks Josh, the tax law-certified preparer, to deposit her refund into his checking account and turn the funds over to her when received. If Josh agrees to do this, has he violated any of the Volunteer Standards of Conduct?
 - a. Yes
 - b. No

5. Pat is a paid tax preparer in the community; he also gives back to the community by serving as an IRS tax law-certified volunteer tax preparer at a VITA/TCE site. While conducting the interview with the taxpayer, Pat discovers the taxpayer's small business will generate a loss, making the return out of scope for the VITA/TCE Programs. Pat explains to the taxpayer that the tax return **cannot** be prepared at the VITA/TCE site, but he will offer the taxpayer a discount at his paid tax preparation business down the road. Has Pat violated the Volunteer Standards of Conduct (VSC)?
- Yes, it is a violation of the VSC for Pat to solicit business from any taxpayer at the VITA/TCE site.
 - No, it is **not** a violation since the return **cannot** be prepared at the site.
 - No, none of the VSC addresses soliciting business while volunteering at the VITA/TCE site.
6. Ann, an IRS tax law-certified tax preparer, told the taxpayer that cash income does **not** need to be reported because the IRS will never know about it. Ann indicated NO cash income on Form 13614-C. Ann prepared the return without the cash income. The designated quality reviewer was unaware of the conversation and therefore unaware of the cash income and the return was printed, signed, and e-filed. Did the designated **quality reviewer** violate the Volunteer Standards of Conduct?
- Yes
 - No
7. Jan, a greeter, overheard an IRS tax law-certified volunteer, Jim, trying to sell insurance to a taxpayer he was helping. Jim is an insurance agent in the community. Jan feels like Jim was pushy, made the taxpayer uncomfortable, and violated Volunteer Standard of Conduct #3. What should Jan do?
- Make an announcement to the taxpayers in the waiting room to ignore Jim if he tries to sell them insurance.
 - Tell the site coordinator what she heard, so he can immediately remove Jim from the site and report the incident using the external referral process by sending an email to WI.Voltax@irs.gov.
 - Mind her own business and do nothing.
8. Explaining the intake/interview and quality review process is important so the taxpayer understands they are expected to:
- Have a completed Form 13614-C, Intake/Interview & Quality Review Sheet, prior to having the return prepared.
 - Answer the tax preparer's additional questions during the interview.
 - Participate in the quality review of their tax return.
 - All of the above.

9. During the intake process, which of the following should the volunteer verify that the taxpayer (and spouse, if applicable) has with them to ensure the taxpayers can be served that day?
- a. Photo identification for both
 - b. Social Security or taxpayer identification number verification documents for everyone listed on the return
 - c. All tax statement documents, including Forms W-2, 1099-R, etc.
 - d. All of the above
10. To ensure quality service and accurate return preparation, every site is required to have a process for assigning taxpayers to IRS tax law-certified preparers who are certified at or above the level required to prepare their tax return.
- a. True
 - b. False

**Volunteer
Standards of Conduct Agreement –
VITA/TCE Programs**

The mission of the VITA/TCE return preparation programs is to assist eligible taxpayers in satisfying their tax responsibilities by providing **free** tax return preparation. To establish the greatest degree of public trust, volunteers are required to maintain the highest standards of ethical conduct and provide quality service.

Use of Form 13615: This form provides information on a volunteer's certification. All VITA/TCE volunteers (whether paid or unpaid workers) must pass the Volunteer Standards of Conduct certification, and sign and date Form 13615, Volunteer Standards of Conduct Agreement, prior to working at a VITA/TCE site. In addition, return preparers, quality reviewers, site coordinators, and VITA/TCE tax law instructors must certify in the Intake/Interview & Quality Review and tax law prior to signing this form. **This form is not valid until the site coordinator, sponsoring partner, instructor, or IRS contact confirms the volunteer's identity, with a government issued photo ID, and signs and dates the form.**

Standards of Conduct: As a volunteer in the VITA/TCE Programs, you must:

- | | |
|--|--|
| 1) Follow the Quality Site Requirements (QSR). | 4) Not knowingly prepare false returns. |
| 2) Not accept payment, solicit donations, or accept refund payments for federal or state tax return preparation from customers. | 5) Not engage in criminal, infamous, dishonest, notoriously disgraceful conduct, or any other conduct deemed to have a negative effect on the VITA/TCE Programs. |
| 3) Not solicit business from taxpayers you assist or use the knowledge you gained (their information) about them for any direct or indirect personal benefit for you or any other specific individual. | 6) Treat all taxpayers in a professional, courteous, and respectful manner. |

Failure to comply with these standards could result in, but is not limited to, the following:

- Your removal from all VITA/TCE Programs;
- Inclusion in the IRS Volunteer Registry to bar future VITA/TCE activity indefinitely;
- Deactivation of your sponsoring partner's site VITA/TCE EFIN (electronic filing ID number);
- Removal of all IRS products, supplies, loaned equipment, and taxpayer information from your site;
- Termination of your sponsoring organization's partnership with the IRS;
- Termination of grant funds from the IRS to your sponsoring partner; and
- Referral of your conduct for potential TIGTA and criminal investigations.

Taxpayer Impact: Taxpayer trust in the IRS and the local sponsoring partner organization is jeopardized when ethical standards are not followed. Fraudulent returns that report incorrect income, credits, or deductions can result in many years of interaction with the IRS as the taxpayer tries to pay the additional tax plus interest and penalties. This can result in an extreme burden for the taxpayer as the taxpayer tries to resolve the errors made on his or her return.

Volunteer Protection: The Volunteer Protection Act generally protects unpaid volunteers from liability for acts or omissions that occur while acting within the scope of their responsibilities at the time of the act or omission. It provides no protection for harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer.

For additional information on the volunteer standards of conduct, please refer to Publication 4961, Volunteer Standards of Conduct - Ethics Training.

Privacy 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 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. Please note: Sponsoring organizations may perform background checks on their volunteers.

Volunteer:

By signing this form, I declare that I have completed Volunteer Standards of Conduct certification and have read, understand, and will comply with the standards of conduct. I also certify that I am a U.S. citizen, a legal resident, or otherwise reside in the U.S. legally.

Full name *(please print)* _____ Volunteer position(s) _____ IRS Employee

Home address *(street, city, state and ZIP code)* _____

Email address _____ Daytime telephone _____ Sponsoring partner name/site name _____

Number of years volunteered *(including this year)* _____ Volunteer signature _____ Date _____

Volunteer Certification Levels *(Add the letter "P" for all passing test scores)*

Standards of Conduct <i>(Required for ALL)</i>	Intake/Interview & Quality Review	Site Coordinator	Basic	Advanced	*Qualified Experienced Volunteer	Military	International	Puerto Rico		Foreign Students
								1	2	

Federal Tax Law Update Test for Circular 230 Professionals Only

Federal Tax Law Update Test for Circular 230 Professionals: Only volunteers in good standing as an attorney, CPA, or Enrolled Agent can take this certification. To qualify for this certification, the license information below must be completed by the volunteer and verified by the partner or site coordinator. Volunteers with this certification level can prepare any tax returns that fall within the scope of the VITA/TCE Programs. (Advanced, Qualified Experienced Volunteer Test, Military, etc.) A Scope of Service Chart is located in Publication 4012, VITA/TCE Volunteer Resource Guide. See [Publication 1084](#), [Site Coordinator Handbook](#), for additional requirements and instructions. *Note: Advanced certification is necessary for qualification for CE Credits, the Federal Tax Law Update Test nor the Qualified Experienced Volunteer Test qualify the volunteer to receive CE Credits. See Publication 4396-A, Partner Resource Guide, for more information about requirements for CE Credits.

Professional designation <i>(Attorney, CPA, or Enrolled Agent)</i>	Licensing jurisdiction <i>(state)</i>	Bar, license, registration, or enrollment number	Effective or issue date	Expiration date <i>(if provided)</i>
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Site Coordinator, Sponsoring Partner, Instructor or IRS: By signing this form, I declare that I have verified the required certification level(s) and government issued photo ID for this volunteer prior to allowing the volunteer to work at the VITA/TCE site.

Approving Official's <i>(printed)</i> name and title <i>(site coordinator, sponsoring partner, instructor, etc.)</i>	Approving Official's signature and date
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Parent/Guardian: By signing this form, I declare that I give permission for my child to volunteer in the VITA/TCE Programs.

Parent/Guardian name <i>(printed)</i>	Parent/Guardian signature and date
---------------------------------------	------------------------------------

For Continuing Education (CE) Credits ONLY
(to be completed by the site coordinator or partner)

Instructions: Complete this section when an unpaid certified volunteer is requesting Continuing Education (CE) credits. CE credits **will not be issued without a PTIN** for Enrolled Agents or Non-credentialed preparers. CPAs, attorneys, or CFPs do not require a PTIN; however, they must check with their governing board requirements for obtaining CE Credits. The site coordinator, sponsoring partner, or instructor must sign and date this form and send the completed form to the SPEC Territory Office/Relationship Manager for further processing. Refer to the Fact Sheet - Continuing Education Credits on the [Site Coordinator Corner](#) or [Publication 4396-A, Partner Resource Guide](#), for additional requirements and instructions.

Name as listed on PTIN card	Volunteer Preparer's Tax Identification Number (PTIN) P - _____	CTEC ID number <i>(if applicable)</i> A - _____
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Address <i>(VITA/TCE Site or teaching location)</i>	Site Identification Number (SIDN) S - _____
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Professional Status *(check only one box)*

Enrolled Agent (EA) Certified Public Accountant (CPA) Non-credentialed Tax Return Preparer
(Participating in the Annual Filing Season Program)

Attorney Certified Financial Planner (CFP)

Certification Level <i>(Check only one box below)</i>	Volunteer Hours <i>(Minimum of 10 volunteer hours required to issue CE Credits)</i>
<input type="checkbox"/> Advanced	Total hours volunteered <i>(qualifies for 14 CE credits)</i> _____
OR	OR
<input type="checkbox"/> Advanced and One or More Specialty Courses	Total hours volunteered <i>(qualifies for 18 CE credits)</i> _____

Site Coordinator, Sponsoring Partner, or Instructor: By signing this form, I declare that I have validated that the reported volunteer hours are based on the activities this volunteer performed in my site or training facility.

Approving Official's <i>(printed)</i> name and title <i>(site coordinator, sponsoring partner, instructor)</i>	Approving Official's signature and date
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Intake / Interview and Quality Review Test Questions

Directions

Review the Intake/Interview and Quality Review training and answer the following questions.

1. All IRS-certified volunteer preparers participating in the VITA/TCE programs must use Form 13614-C along with an effective interview for every return prepared at the site.
 - a. True
 - b. False
2. What should the certified volunteer preparer do before starting the tax return?
 - a. Make sure all questions on Form 13614-C are answered.
 - b. Change “Unsure” answers to “Yes” or “No” based on a conversation with the taxpayer.
 - c. Complete all applicable Certified Volunteer Preparer shaded-area questions on Form 13614-C.
 - d. All of the above.
3. When reviewing Form 13614-C, you see the “Interest” question is marked “Yes” and the taxpayer gives you a Form 1099-INT. You should ask the taxpayer if they had any other interest income.
 - a. True
 - b. False
4. VITA/TCE sites are required to conduct Quality Reviews:
 - a. Of all the returns prepared by volunteers who have less than two years of experience preparing returns.
 - b. Of every return prepared at the site.
 - c. Only when there is a Quality Reviewer available.
 - d. Of all returns prepared by volunteers with certification levels below Advanced, Military, or International.
5. You do **not** need to see proof of cash donations made by a taxpayer if you feel that the information is **not** unusual or questionable.
 - a. True
 - b. False
6. In most cases a volunteer must review photo identification for every taxpayer(s) to deter the possibility of identity theft.
 - a. True
 - b. False

7. When does the taxpayer sign the tax return?
- a. Before quality review and before being advised of their responsibility for the accuracy of the information on the return.
 - b. Before quality review and after being advised of their responsibility for the accuracy of the information on the return.
 - c. After quality review and before being advised of their responsibility for the accuracy of the information on the return.
 - d. After quality review and after being advised of their responsibility for the accuracy of the information on the return.
8. The site is busy with many taxpayers waiting for assistance. All volunteers are busy preparing tax returns. Can you quality review the return you just prepared instead of waiting for someone else to quality review the return?
- a. Yes, if it is a returning taxpayer.
 - b. Yes, with approval of the Site Coordinator.
 - c. No, self review is never an acceptable quality review method.
 - d. No, unless you are certified at the Advanced level.
9. Which of the following is **true**?
- a. Quality review can be conducted by a volunteer preparer certified at Basic when the tax return required an Advanced certification to prepare.
 - b. Quality review is conducted after the taxpayer signs the tax return.
 - c. Quality review is an effective tool for preparing an accurate tax return.
 - d. Taxpayers do not need to be involved in the quality review process.
10. As part of the intake process, each site must:
- a. Have a process to ensure a return is within the scope of the VITA/TCE Programs.
 - b. Identify the certification level needed to prepare a return.
 - c. Have a process to ensure volunteers have the certification needed for the returns they prepare.
 - d. All of the above.



Intake / Interview and Quality Review Retest Questions

Directions

Review the Intake/Interview and Quality Review training and answer the following questions.

1. When should an IRS-certified volunteer preparer participating in the VITA/TCE Programs perform a complete interview of a taxpayer?
 - a. Only when the taxpayer has questions.
 - b. Only if the taxpayer has never visited your site.
 - c. Only when the site is **not** busy.
 - d. For every return prepared at the site.
2. The certified volunteer preparer should verify the return is within their certification level as part of the Intake/Interview process.
 - a. True
 - b. False
3. When reviewing Form 13614-C, you see the “Interest” question is marked “Yes” and the taxpayer gives you a Form 1099-INT. What should you do next?
 - a. Input Form 1099-INT into tax software.
 - b. Go to the next question on Form 13614-C.
 - c. Ask the taxpayer if they had any other interest income.
4. VITA/TCE sites are required to conduct quality reviews of every return prepared at the site.
 - a. True
 - b. False
5. A taxpayer tells you that they donated \$50 to their church but they did **not** bring proof of the donation. This information along with all other information gathered during your interview does **not** seem unusual or questionable.

As a tax preparer, you should:

- a. Send the taxpayer home to get proof of their donation.
- b. Prepare the return giving credit for the donation without seeing proof.
- c. Prepare their return without giving them credit for the donation.

6. What information must a volunteer review to deter the possibility of identity theft?
 - a. Form W-2
 - b. Photo identification
 - c. Last year's tax return
 - d. Medicaid card
7. The taxpayer signs the tax return after quality review and after being advised of their responsibility for the accuracy of the information on the return.
 - a. True
 - b. False
8. You can quality review a tax return you just prepared instead of waiting for someone else to quality review the return.
 - a. True
 - b. False
9. Which of the following four critical processes for quality review is **not** correct:
 - a. Engaging the taxpayer in the review process.
 - b. Using Google as a main reference for tax law determinations.
 - c. Using the Quality Review Checklist located in Publication 4012 as a guide while conducting the quality review.
 - d. Comparing source documents provided by the taxpayer.
10. Completing a thorough interview before entering taxpayer information into the software helps avoid which of the following potential problems?
 - a. The volunteer may **not** have the required certifications to prepare the return.
 - b. The return may be Out of Scope.
 - c. The taxpayer may **not** have all the information needed to prepare the return.
 - d. All of the above.



Site Coordinator Test Questions

Site Coordinator Certification Test Questions

1. The Site Coordinator Test is mandatory for a designated coordinator and optional for alternate coordinators.
 - a. True
 - b. False
2. The Site Coordinator roles and responsibilities are in which Publication?
 - a. Publication 5166, IRS Volunteer Quality Site Requirements
 - b. Publication 1084, VITA/TCE Volunteer Site Coordinator Handbook
 - c. Publication 4299, Privacy, Confidentiality and Civil Rights - A Public Trust
 - d. Publication 4012, VITA/TCE Volunteer Resource Guide
3. Prior to signing and dating the Form 13615, Volunteer Standards of Conduct Agreement – VITA/TCE Programs, the sponsoring partner’s approving official must confirm government-issued photo identification and the required certification level of the volunteer for the Form 13615 to be valid.
 - a. True
 - b. False
4. If partner owned computers or IRS loaned computers or printers are lost or stolen, the partner is required to notify the IRS _____. Partners should provide all information that is readily available to the local SPEC Territory Office.
 - a. Immediately or by the next business day
 - b. Within 30 days or as soon as possible
 - c. Before May 15th
 - d. Before the end of the calendar year
5. All sites are required to have the following reference materials available for use at VITA/TCE sites in paper or electronic format: Publication 17, Publication 4012, Volunteer Tax Alerts (VTA), and Quality Site Requirement Alerts (QSRA). AARP Foundation Tax Aide uses CyberTax Alerts in lieu of VTAs and QSRAs. What other publication must be available at each site and contains information about the new security requirements at sites? Publication _____. (type only the number)

Site Coordinator Certification: Test Questions

6. Coordinators are required to have a correct Quality Review process for 100% of the returns prepared at VITA/TCE sites. The two acceptable types of quality review are as follows:
 - a. Self-Review and/or Peer to Peer Review
 - b. Peer to Peer Review and/or Designated Review
 - c. Designated Review and/or Self-Review
 - d. Taxpayer Review and/or Designated Review
7. For a correct Intake, Interview, and Quality Review process, all questions in Parts I-V of the Form 13614-C, Intake/Interview & Quality Review Sheet must be verified and all "Unsure" answers must be addressed and changed to "Yes" or "No".
 - a. True
 - b. False
8. It is acceptable to use IRS loaned equipment (including laptops and printers) outside of the scope of the VITA/TCE program, such as for personal use after site hours.
 - a. True
 - b. False
9. Which of the following are **not** qualifying certifications for Continuing Education Credits?
 - a. Military
 - b. Advanced
 - c. Qualified Experienced Volunteer
 - d. International
10. An approved VITA/TCE Security Plan must be available for review at every site _____.
 - a. Annually
 - b. Monthly
 - c. Never
 - d. Before the end of the filing season
11. The coordinator must ensure volunteer return preparer's access to the tax preparation software is restricted to:
 - a. Generally limit access outside of site operation hours
 - b. Remove access to individuals no longer volunteering at the site
 - c. None of the above
 - d. Both a and b

Site Coordinator Certification: Test Questions

- 12.** All WiFi or wireless connections at a VITA/TCE tax preparation site must be password protected at a minimum.
- a. True
 - b. False
- 13.** When conducting taxpayer interviews in close proximity, it is important to limit unauthorized access to taxpayer information and ensure privacy (i.e. positioning computer screens, protecting taxpayer documents and preventing others from hearing sensitive information).
- a. True
 - b. False
- 14.** When a volunteer is identified as violating one or more of the Volunteer Standards of Conduct, partners and coordinators should elevate the specifics to the local SPEC Territory Office for consideration to be added to the:
- a. Volunteer Link and Learn Taxes Certification list
 - b. Volunteer Registry list
 - c. Volunteer Milestone Recognition list
 - d. Volunteer Ethics Training list
- 15.** When a potential data breach occurs, site coordinators must contact their local SPEC Territory Office immediately upon confirmation of the incident.
- a. True
 - b. False



Site Coordinator Certification Retest Questions

1. Coordinators and alternate coordinators are required to pass with a score of 80% or higher, which of the following:
 - a. Volunteer Standards of Conduct Test
 - b. Site Coordinator Test
 - c. Both a and b
 - d. None of the above
2. Publication 5166, IRS Volunteer Quality Site Requirements, is the primary resource for coordinator roles and responsibilities.
 - a. True
 - b. False
3. Form 13615, Volunteer Standards of Conduct Agreement – VITA/TCE Programs is **not** valid until the sponsoring partner's approving official signs and dates the form after confirming the volunteer's _____.
 - a. Government-issued photo identification
 - b. Certification levels on Form 13615, Volunteer Standards of Conduct Agreement- VITA/TCE Programs
 - c. Government-issued photo identification and certification levels on Form 13615, Volunteer Standards of Conduct Agreement - VITA/TCE Programs
 - d. None of the above
4. All partner-owned computers or loaned IRS computers and printers that are lost or stolen, must be reported to the local SPEC Territory Office immediately or by the next business day.
 - a. True
 - b. False
5. The use of reference materials is an important key to preparing accurate tax returns and to research security requirements. In addition to Volunteer Tax Alerts and Quality Site Requirement Alerts (AARP Foundation Tax Aide uses CyberTax Alerts), which reference materials are required to be available for use at each site?
 - a. Pub 4012, VITA/TCE Volunteer Resource Guide and Pub 17, Your Federal Income Tax (For Individuals)
 - b. Pub 1084, VITA/TCE Volunteer Site Coordinator Handbook and Pub 5166, IRS Volunteer Quality Site Requirements
 - c. Pub 4299, Privacy, Confidentiality and Civil Rights - A Public Trust
 - d. Both a and c

Site Coordinator Certification Retest Questions

6. The three acceptable types of quality review at VITA/TCE sites are: Designated Review, Peer to Peer Review, and Self Review.
 - a. True
 - b. False
7. During the Intake, Interview, and Quality Review process, all questions in Parts I-V of the Form 13614-C, Intake/Interview & Quality Review Sheet must be addressed and marked as:
 - a. Yes
 - b. No
 - c. Unsure
 - d. Both a and b
8. The use of IRS loaned equipment (including laptops and printers) is restricted to the preparation and filing of electronic tax returns and related program activities that support the VITA/TCE free tax preparation program. IRS loaned equipment may **not** be used for commercial purposes, games, or other personal use.
 - a. True
 - b. False
9. The new Qualified Experienced Volunteer Test is **not** a qualifying certification for receiving Continuing Education Credits.
 - a. True
 - b. False
10. The VITA/TCE Security Plan must be updated monthly by the site coordinator.
 - a. True
 - b. False
11. Coordinators must use the security features in the tax software to generally restrict volunteer's access to the software outside of site operating hours.
 - a. True
 - b. False

Site Coordinator Certification: Retest Questions

12. IRS sponsored free tax preparation sites must use the following WiFi or wireless connection:
- a. Public access WiFi or wireless connection
 - b. Password protected WiFi or wireless connection
 - c. Unsecured wired internet connection
 - d. Unsecured volunteer Hotspot wireless connection
13. Volunteers must ensure that taxpayer privacy is protected when sharing personally identifiable information (PII). During conversations with taxpayers in close proximity, _____ should not be discussed out loud.
- a. SSNs
 - b. Addresses
 - c. Bank account numbers
 - d. All of the above
14. Volunteers who violate the Volunteer Standards of Conduct or commit certain unethical actions, must be reported to the local SPEC Territory Office for consideration to be added to the Volunteer Registry and removed from the VITA/TCE program for a period of one year.
- a. True
 - b. False
15. What are examples of potential security breaches that would need to be referred to the local SPEC Territory Office?
- a. Loss of computer containing PII
 - b. Loss of computer bag containing tax returns
 - c. Loss of taxpayer information
 - d. All of the above



Basic Course Scenarios and Test Questions

Directions

The first five scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

Basic Scenario 1: Sheldon and Odessa Sanford

Interview Notes

- Sheldon and Odessa Sanford are married and elect to file Married Filing Jointly.
- Sheldon is 73 years old and Odessa is 64 years old. Odessa earned \$33,000 in wages.
- After 30 years of service, Sheldon retired from his job on February 1, 2018. During his career, Sheldon contributed pre-tax dollars to a qualified 401(k) retirement plan through his employer. His retirement is fully taxable. Sheldon also received Social Security benefits of \$7,600.
- Sheldon and Odessa are not blind and cannot be claimed as dependents by another taxpayer.
- Sheldon and Odessa are U.S. citizens and have valid Social Security numbers.

Basic Scenario 1: Test Questions

1. Sheldon must take a required minimum distribution from his retirement plan by December 31, 2020 to avoid an additional tax due.
 - a. True
 - b. False
2. Sheldon and Odessa's standard deduction is \$_____.

Basic Scenario 2: Marsha Perry

Interview Notes

- Marsha is 23 years old and single. She cannot be claimed as a dependent by another taxpayer.
- Marsha earned wages of \$18,500 and had \$1,500 of federal income tax withholding in tax year 2020.
- Marsha gave birth to Shelby on November 10, 2020.
- Marsha paid all the cost of keeping up a home and support for Shelby.
- Shelby and Marsha are U.S. citizens and have valid Social Security numbers.
- Marsha filed Single with no dependents on her 2019 tax return and received a \$1,200 Economic Impact Payment in May 2020.

Basic Scenario 2: Test Questions

3. Which of the following statements is **true**?
- a. Marsha is required to file a tax return.
 - b. Marsha is **not** required to file a tax return, but should file a tax return to claim a refund of her federal income tax withholding.
 - c. Marsha does **not** qualify for the earned income credit because she is under the age of 25.
 - d. Both a and c.
4. Marsha qualifies for the recovery rebate credit of \$500 for Shelby.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. True
- b. False

Basic Scenario 3: Aiden and Sophia Duke

Interview Notes

- Aiden and Sophia are married and they have always filed Married Filing Jointly.
- Aiden died May 5, 2020 at the age of 58. Sophia, age 56, has not remarried.
- Aiden earned \$5,000 in wages and Sophia earned \$51,000 in wages.
- Sophia paid all the cost of keeping up a home and provided all the support for their two children, Mia and Oliver, who lived with them all year.
- Mia is 11 years old and Oliver is 15 years old.
- Sophia does not have enough deductions to itemize, but she did make a \$500 cash charitable contribution to a qualified charitable organization in tax year 2020.
- Aiden, Sophia, Mia, and Oliver are all U.S. citizens with valid Social Security numbers.

Basic Scenario 3: Test Questions

5. What is most advantageous filing status allowable that Sophia can claim on the tax return for tax year 2020?
 - a. Single
 - b. Head of Household
 - c. Qualifying Widow(er)
 - d. Married Filing Jointly
6. What amount can Sophia deduct as a charitable contribution adjustment?
 - a. \$0
 - b. \$250
 - c. \$300
 - d. \$500

Basic Scenario 4: Benjamin and Amelia Hopkins

Interview Notes

- Benjamin and Amelia Hopkins have been married since 2016.
- Benjamin is a U.S. citizen with a valid Social Security number. Amelia is a resident alien with an Individual Taxpayer Identification Number (ITIN). They elect to file Married Filing Jointly.
- Benjamin worked in 2020 and earned wages of \$25,000. Amelia worked part-time and earned wages of \$15,000.
- They have two children: Harper, who is 9 years old, and Evelyn, who is 12 years old.
- Both children were supported by their parents all year. Harper is a U.S. citizen and has a valid Social Security number. Evelyn is a resident alien and has an ITIN.
- Benjamin, Amelia, Harper, and Evelyn lived together in the U.S. all year.

Basic Scenario 4: Test Questions

7. Which credit(s) can the Hopkins claim on their 2020 tax return?
 - a. Child tax credit for Harper
 - b. Credit for other dependents for Evelyn
 - c. Both a and b
 - d. Neither a nor b
8. Are the Hopkins eligible to claim the earned income credit?
 - a. Yes, because Benjamin has a Social Security number.
 - b. Yes, because everyone has a taxpayer identification number.
 - c. No, because their income is too high.
 - d. No, because Amelia has an ITIN.

Basic Scenario 5: Lucas and Abigail Brown

Interview Notes

- Lucas and Abigail are married and want to file a joint return.
- Lucas earned \$35,000 in wages and Abigail earned \$20,000 in wages.
- Lucas and Abigail have three children. Their twin sons, Mason and Logan, are both 4 years old. Their oldest son, Warren, is 17 years old.
- Mason, Logan, and Warren lived with their parents all year and did not provide more than half of their own support.
- Lucas and Abigail paid \$5,000 in daycare for Mason and Logan. The statement from the daycare provider includes the provider's name, address, valid Employer Identification Number, and the amount paid for Mason and Logan's care.
- Lucas, Abigail, Mason, Logan, and Warren are all U.S. citizens with valid Social Security numbers.

Basic Scenario 5: Test Questions

9. The Browns qualify for which of the following credits?
 - a. Earned income credit
 - b. Child and dependent care credit
 - c. Both a and b
 - d. Neither a nor b
10. The refundable additional child tax credit is limited to \$1,400 per child.
 - a. True
 - b. False

Basic Scenario 6: Daniel and Avery Emory

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

- Daniel, age 64 and Avery, age 53, are married. They elect to file Married Filing Jointly.
- Daniel is retired. He received Social Security benefits, a pension, and wages from a part-time job.
- Avery was a full-time elementary school teacher and paid \$700 out of pocket for classroom supplies.
- Avery is paying off a student loan that she took out when she attended college for her bachelor's degree.
- Daniel and Avery have two sons, Jackson, age 19 and Matthew, age 16. Matthew lived at home the entire year. Jackson is a full-time college student in his second year of study. He is pursuing a degree in Accounting and does not have a felony drug conviction. He received a Form 1098-T for 2019. Box 2 was not filled in and Box 7 was not checked.
- Jackson lived in an apartment near campus during the school year and spent the summer at home with his parents.
- Jackson received a scholarship and the terms require that it be used to pay tuition. Daniel and Avery paid the cost of Jackson's tuition and course-related books in 2020 not covered by scholarship. They paid \$90 for a parking sticker, \$4,500 for a meal plan, \$500 for textbooks purchased at the college bookstore, and \$100 for access to an online textbook.
- Daniel and Avery paid more than half the cost of maintaining a home and support for Jackson and Matthew.
- Daniel and Avery do not have enough deductions to itemize on their federal tax return. They made a charitable contribution in the amount of \$350 cash and they have a receipt for it.
- The Emorys made four timely estimated tax payments of \$125 each for tax year 2020.
- The Emorys received a \$2,900 Economic Impact Payment (EIP) in 2020.
- If Daniel and Avery receive a refund, they would like to deposit it into their checking account. Documents from County Bank show that the routing number is 111000025. Their checking account number is 11337890.



Form **13614-C**
(October 2020)

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, 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.

- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 DANIEL	M.I.	Last name EMORY	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name AVERY	M.I.	Last name EMORY	Daytime telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 645 MEADE COURT		Apt #	City YOUR CITY	State YS ZIP code YOUR ZIP
4. Your Date of Birth 7/5/1956	5. Your job title RETIRED	6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth 1/31/1967	8. Your spouse's job title TEACHER	9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) Married

a. If Yes, Did you get married in 2020? Yes No

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

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

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

To be completed by a Certified Volunteer Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
JACKSON EMORY	5/5/2001	SON	3	YES	YES	S	YES	NO					
MATTHEW EMORY	3/4/2004	SON	12	YES	YES	S	YES	NO					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input checked="" type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? <u>\$500</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
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	b. To purchase U.S. Savings Bonds	c. To split your refund between different accounts
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Prefer not to answer
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12. Your spouse's race?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Prefer not to answer
<input checked="" type="checkbox"/> No spouse					
13. Your ethnicity?

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input checked="" type="checkbox"/> Prefer not to answer
---	---	--
14. Your spouse's ethnicity?

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input checked="" type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No spouse
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Additional comments

Gambling losses - \$700

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 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 1545-1964. 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

a Employee's social security number 127-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 35-500XXXX		1 Wages, tips, other compensation 6,500.00	2 Federal income tax withheld 420.00		
c Employer's name, address, and ZIP code RICH'S BOOK STORE 1225 OVERVIEW AVE YOUR CITY, STATE ZIP		3 Social security wages 6,500.00	4 Social security tax withheld 403.00		
		5 Medicare wages and tips 6,500.00	6 Medicare tax withheld 94.25		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff. DANIEL EMORY 645 MEADE COURT YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other		12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number YS 35-500XXXX	16 State wages, tips, etc. 6,500.00	17 State income tax 350.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 128-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 35-600XXXX		1 Wages, tips, other compensation 30,000.00	2 Federal income tax withheld 1,525.00		
c Employer's name, address, and ZIP code SALEM ELEMENTARY SCHOOL 1270 W. 29TH ST YOUR CITY, STATE ZIP		3 Social security wages 30,000.00	4 Social security tax withheld 1,860.00		
		5 Medicare wages and tips 30,000.00	6 Medicare tax withheld 435.00		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff. AVERY EMORY 645 MEADE COURT YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12 DD 3,800.00	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other		12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number YS 35-600XXXX	16 State wages, tips, etc. 30,000.00	17 State income tax 1,200.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. PINE CORPORATION 1809 GULF DRIVE YOUR CITY, STATE ZIP		1 Gross distribution \$ 9,350.00	OMB No. 1545-0119 2020		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 9,350.00	Form 1099-R		
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN 40-100XXXX	RECIPIENT'S TIN 127-00-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,935.00		
RECIPIENT'S name DANIEL EMORY		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 645 MEADE COURT		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

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.

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name DANIEL EMORY		Box 2. Beneficiary's Social Security Number 127-00-XXXX	
Box 3. Benefits Paid in 2020 \$7,500.00	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$7,500.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$7,500		DESCRIPTION OF AMOUNT IN BOX 4	
		Box 6. Voluntary Federal Income Tax Withholding	
		Box 7. Address 645 Meade Court Your City, State Zip	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	

Draft as of June 21, 2020 - Subject to Change

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number FINANCIAL AID PARTNERS 666 LINCOLN YOUR CITY, STATE ZIP		OMB No. 1545-1576 2020 Form 1098-E	Student Loan Interest Statement
RECIPIENT'S TIN 38-900XXXX	BORROWER'S TIN 128-00-XXXX	1 Student loan interest received by lender \$ 925.00	Copy B For Borrower This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name AVERY EMORY Street address (including apt. no.) 645 MEADE COURT City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>	
Account number (see instructions)			
Form 1098-E (keep for your records)		www.irs.gov/Form1098E	Department of the Treasury - Internal Revenue Service

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number BUCKEYE COLLEGE 575 COLLEGE BLVD YOUR CITY, STATE ZIP		OMB No. 1545-1574 2020 Form 1098-T	Tuition Statement	
FILER'S employer identification no. 33-700XXXX	STUDENT'S TIN 129-00-XXXX	1 Payments received for qualified tuition and related expenses \$ 8,500.00 2	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
STUDENT'S name JACKSON EMORY Street address (including apt. no.) 645 MEADE COURT City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		3 4 Adjustments made for a prior year \$		5 Scholarships or grants \$ 6,500.00
Service Provider/Acct. No. (see instr.)		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 2021 <input type="checkbox"/>
8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	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:
Jackson Emory
\$4,500



College Books
580 College Blvd
Your City, State ZIP

Receipt:
3 Textbooks: \$500

*Payment for books is
also on the college
website.*

Basic Scenario 6: Test Questions

11. What is the amount of Daniel and Avery's standard deduction? \$_____.
12. What is the total amount of adjustments on the Emorys' tax return?
- a. \$250
 - b. \$925
 - c. \$1,175
 - d. \$1,475
13. What is the total amount of the Emorys' refundable American opportunity credit? \$_____.
14. Jackson qualifies Daniel and Avery to claim the credit for other dependents.
- a. True
 - b. False
15. What is the total amount of federal income tax withholding?
- a. \$1,525
 - b. \$1,935
 - c. \$1,945
 - d. \$3,880
16. How much of Daniel's Social Security is taxable?
- a. \$0
 - b. \$3,750
 - c. \$6,375
 - d. \$7,500
17. Daniel and Avery **cannot** claim Jackson for the earned income credit because he did **not** live with them for more than half the year and does **not** meet the residency test.
- a. True. Jackson only lived with his parents during the summer, which was less than six months.
 - b. False. Attendance at school is considered a temporary absence and those months are counted as time that Jackson lived with his parents for the earned income credit.

Basic Scenario 7: Emma Davis

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

- Emma is 45 years old and single.
- Emma has two children, Poppy, age 17 and Sebastian, age 25, who lived with her all year. Sebastian had a part-time job where he earned \$4,500 in 2020.
- Emma paid all the cost of keeping up the home and more than half the support for her children.
- Emma received disability pension benefits. She has not reached the minimum retirement age of her employer's plan. She also received interest and dividend income.
- In early January 2020, she went to the local casino and won some money playing the slot machines. During the intake and interview, she mentioned that she had gambling losses of \$700.
- She does not have enough expenses to itemize for the 2020 tax year.
- Emma made a \$100 cash contribution to her daughter's school to help buy masks for students.
- Emma received a \$1,700 Economic Impact Payment (EIP) in 2020.



Intake/Interview & Quality Review Sheet

You will need:

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

- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 EMMA	M.I.	Last name DAVIS	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 597 HORACE LN		Apt #	City YOUR CITY	State YS
		ZIP code YOUR ZIP		
4. Your Date of Birth 04/29/1975	5. Your job title RETIRED		6. Last year, were you:	
		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

Year of spouse's death _____

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

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

To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
POPPY DAVIS	09/11/2003	DAUGHTER	12	YES	YES	S	YES	NO					
SEBASTIAN DAVIS	07/31/1995	SON	12	YES	YES	S	NO	NO					

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify <u>W-2G</u>
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input checked="" type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 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
 No spouse
- 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 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 1545-1964. 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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COUNTY BANK 2400 MILFORD AVE YOUR CITY, STATE ZIP		1a Total ordinary dividends \$ 1,500.00	OMB No. 1545-0110 2020	Dividends and Distributions
		1b Qualified dividends \$ 1,500.00	Form 1099-DIV	
PAYER'S TIN 39-400XXXX		2a Total capital gain distr. \$	2b Unrecap. Sec. 1250 gain \$	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S TIN 559-00-XXXX		2c Section 1202 gain \$	2d Collectibles (28%) gain \$	
RECIPIENT'S name EMMA DAVIS		3 Nondividend distributions \$	4 Federal income tax withheld \$	
Street address (including apt. no.) 567 HORACE LANE		5 Section 199A dividends \$	6 Investment expenses \$	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		7 Foreign tax paid \$	8 Foreign country or U.S. possession	
		9 Cash liquidation distributions \$	10 Noncash liquidation distributions \$	
		11 Exempt-interest dividends \$	12 Specified private activity bond interest dividends \$	
Account number (see instructions)		13 State	14 State identification no.	
			15 State tax withheld \$	

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code RIDGETOP CASINO 777 CREST ROAD YOUR CITY, STATE ZIP		1 Reportable winnings \$ 6,500.00	2 Date won 1/25/2020	2020 Form W-2G Certain Gambling Winnings
		3 Type of wager SLOT MACHINE	4 Federal income tax withheld \$	
PAYER'S federal identification number 38-600XXXX		5 Transaction	6 Race	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.
PAYER'S telephone number YOUR PHONE #		7 Winnings from identical wagers \$	8 Cashier VP	
WINNER'S name EMMA DAVIS		9 Winner's taxpayer identification no. 559-00-XXXX	10 Window	
Street address (including apt. no.) 567 HORACE LN.		11 First I.D. YS987654	12 Second I.D. YS 316-00-XXXX	
City or town, province or state, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		13 State/Payer's state identification no.	14 State winnings \$	
		15 State income tax withheld \$	16 Local winnings \$	
		17 Local income tax withheld \$	18 Name of locality	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.				
Signature ►		Date ►		

Form **W-2G** www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. COUNTY BANK 2400 MILFORD AVE YOUR CITY, STATE ZIP		Payer's RTN (optional)	OMB No. 1545-0112		2020 Form 1099-INT	Interest Income
		1 Interest income				
		\$ 785.00				
PAYER'S TIN		RECIPIENT'S TIN		Copy B For Recipient		
39-400XXXX		559-00-XXXX				
RECIPIENT'S name EMMA DAVIS Street address (including apt. no.) 567 HORACE LANE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		4 Federal income tax withheld	5 Investment expenses		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$	\$			
		6 Foreign tax paid	7 Foreign country or U.S. possession			
\$						
8 Tax-exempt interest	9 Specified private activity bond interest					
\$						
10 Market discount	11 Bond premium					
\$						
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>				
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond			
		\$	\$			
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld	
					\$	
					\$	

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. GILMER CORP 2250 DELTA AVE YOUR CITY, STATE ZIP		1 Gross distribution	OMB No. 1545-0119		2020 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$ 28,000.00				
		2a Taxable amount				
		\$ 28,000.00				
PAYER'S TIN		RECIPIENT'S TIN		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.		
34-600XXXX		559-00-XXXX				
RECIPIENT'S name EMMA DAVIS Street address (including apt. no.) 567 HORACE LN City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		3 Capital gain (included in box 2a)	4 Federal income tax withheld		This information is being furnished to the IRS.	
		\$	\$ 100.00			
		5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities			
\$						
7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other				
3		\$ %				
9a Your percentage of total distribution	9b Total employee contributions					
%	\$					
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld	15 State/Payer's state no.	16 State distribution	
\$			\$		\$	
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution	
			\$		\$	
			\$		\$	

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Basic Scenario 7: Test Questions

18. Emma's disability pension is reported as wages and considered earned income for the purposes of the earned income credit.
- a. True
 - b. False
19. What is Emma's most advantageous filing status allowable?
- a. Married Filing Separately
 - b. Qualifying widow(er)
 - c. Head of Household
 - d. Single
20. Which of the following statements are **true**?
- a. Qualified dividends are ordinary dividends.
 - b. Qualified dividends qualify for lower, long-term capital gains tax rates.
 - c. Qualified dividends are reported on Form 1099-DIV.
 - d. All of the above.
21. Poppy and Sebastian are dependents on Emma's tax return.
- a. True
 - b. False
22. What is the amount of gambling winnings Emma must report on her 2020 tax return?
- a. \$0
 - b. \$5,800
 - c. \$6,500
 - d. \$7,200
23. Emma can prevent having a balance due next year by using the Tax Withholding Estimator at IRS.gov and then adjust her withholding.
- a. True
 - b. False
24. Emma has a balance due of \$_____ on her 2020 tax return.

Basic Scenario 8: Aioki Ellis

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

- Aioki is 27 years old and married to John, age 30.
- Aioki and John are not legally separated. Aioki does not want to file a joint return with John.
- John lived with Aioki for ten months of the year. John moved out of Aioki's home and in with his parents at: 458 Hasbro Ave., Your city, state, ZIP code.
- Aioki and John do not live in a community property state.
- Aioki does not know John's Social Security number. (Hint: Refer Publication 4012, VITA/TCE Resource Guide)
- Aioki's seven-year-old daughter, Sofia, lived with her the entire year.
- Aioki paid more than half the cost of keeping up a home and support for John and Sofia.
- Aioki received unemployment compensation in January and February. She also received a distribution from her traditional IRA in January to pay for car repairs so she could have reliable transportation to and from her job interviews. In March, she began working as an administrative assistant and earned \$23,000 in wages.
- Aioki paid child and dependent care expenses for Sofia while she worked.
- Aioki and John received a \$2,900 Economic Impact Payment (EIP) in 2020 based on their 2019 Married Filing Joint return.
- Aioki and Sofia were not medically or financially affected by the COVID-19 pandemic.
- Aioki was a victim of ID theft and received an Identity Protection PIN in December 2020. Her assigned IP PIN is 222222.
- Aioki and Sofia are U.S. citizens and have valid Social Security numbers.
- If Aioki is entitled to a refund, she would like to deposit half into her checking account and half into her savings account. Documents from County Bank show that the routing number for both accounts is 111000025. Her checking account number is 113355779 and her savings account number is 224466880.



Form 13614-C (October 2020)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964												
<p>You will need:</p> <ul style="list-style-type: none"> • 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. 			<ul style="list-style-type: none"> • 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. 											
<p>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</p>														
<p>Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)</p>														
1. Your first name AIOKI	M.I.	Last name ELLIS	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No										
3. Mailing address 842 SUSSEX STREET			Apt #	City YOUR CITY	State YS ZIP code YOUR ZIP									
4. Your Date of Birth 10/02/1990	5. Your job title ADMINISTRATIVE ASST.		6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No									
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No										
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure														
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
<p>Part II – Marital Status and Household Information</p>														
1. As of December 31, 2020, what was your marital status?														
<input type="checkbox"/> Never Married		(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)												
<input checked="" type="checkbox"/> Married		a. If Yes, Did you get married in 2020?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
<input type="checkbox"/> Divorced		b. Did you live with your spouse during any part of the last six months of 2020?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> Legally Separated		Date of final decree		_____										
<input type="checkbox"/> Widowed		Date of separate maintenance decree		_____										
		Year of spouse's death		_____										
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														
If additional space is needed check here <input type="checkbox"/> and list on page 3														
										To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						
SOFIA ELLIS	01/21/2013	DAUGHTER	12	YES	YES	S	YES	NO						

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____

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

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

No spouse


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 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 1545-1964. 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

a Employee's social security number 620-00-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 38-500XXXX			1 Wages, tips, other compensation 23,000.00		2 Federal income tax withheld 1,160.00		
c Employer's name, address, and ZIP code PRESBYTERIAN HOSPITAL 120 GRANT AVENUE YOUR CITY, STATE ZIP			3 Social security wages 27,000.00		4 Social security tax withheld 1,674.00		
			5 Medicare wages and tips 27,000.00		6 Medicare tax withheld 391.50		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. AIOKI ELLIS 842 SUSSEX STREET YOUR CITY, STATE ZIP			11 Nonqualified plans		12a See instructions for box 12 D 4,000		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number YS 38-500XXXX		16 State wages, tips, etc. 23,000.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE UNEMPLOYMENT COMMISSION 1000 GOVERNMENT PLAZA YOUR CITY, YOUR STATE ZIP		1 Unemployment compensation \$ 6,000.00		OMB No. 1545-0120 2020		Certain Government Payments	
PAYER'S TIN 35-700XXXX		2 State or local income tax refunds, credits, or offsets \$		Form 1099-G			
RECIPIENT'S TIN 620-00-XXXX		3 Box 2 amount is for tax year		4 Federal income tax withheld \$ 600.00		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name AIOKI ELLIS		5 RTAA payments \$		6 Taxable grants \$			
Street address (including apt. no.) 842 SUSSEX STREET		7 Agriculture payments \$		8 If checked, box 2 is trade or business income <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE ZIP		9 Market gain \$		11 State income tax withheld \$			
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld \$			

Form **1099-G** (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

**KENT STATE BANK
743 COLQUITT WAY
YOUR CITY, STATE ZIP**

1 Gross distribution

\$ **700.00**

2a Taxable amount

\$ **700.00**

OMB No. 1545-0119

2020

Form **1099-R**

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

2b Taxable amount not determined

Total distribution

PAYER'S TIN

38-200XXXX

RECIPIENT'S TIN

620-00-XXXX

3 Capital gain (included in box 2a)

\$

4 Federal income tax withheld

\$ **140.00**

RECIPIENT'S name

AIOKI ELLIS

Street address (including apt. no.)

842 SUSSEX STREET

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

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

8 Other

\$

%

9a Your percentage of total distribution %

9b Total employee contributions \$

10 Amount allocable to IRR within 5 years

\$

11 1st year of desig. Roth contrib.

12 FATCA filing requirement

14 State tax withheld

\$

15 State/Payer's state no.

\$

16 State distribution

\$

Account number (see instructions)

13 Date of payment

17 Local tax withheld

\$

18 Name of locality

\$

19 Local distribution

\$

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.

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Busy Bee Day Care

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

December 31, 2020

Received from Aioki Ellis:

\$2,800 for after-school care for Sofia Ellis

\$2,800 Total amount received for child care in 2020

Evelyn Woods

EIN: 35-500XXXX

Aioki Ellis 842 Sussex Street Your City, State 00000	1234
	_____ 20 _____
PAY TO THE ORDER OF _____	\$ <input type="text"/>
	_____ DOLLARS
Adelphi Bank and Trust Anytown, State 00000	
For _____	
: 111000025 : 113355779	1234

VOID

Basic Scenario 8: Test Questions

25. Aioki qualifies for the retirement savings contribution credit.
- a. True
 - b. False
26. The amount of taxable unemployment compensation is _____.
- a. Taxable income
 - b. Reported on Form 1099-G, Certain Government Payments
 - c. Subject to federal income tax withholding
 - d. All of the above
27. Aioki must pay an additional _____ tax on the early distribution from her IRA.
- a. 0%
 - b. 5%
 - c. 10%
 - d. 15%
28. Aioki qualifies for which of the following credits?
- a. Child tax credit
 - b. Child and dependent care credit
 - c. Earned income credit
 - d. All of the above
29. Aioki can split her refund using Form 8888, Allocation of Refund (Including Savings Bonds Purchases).
- a. True
 - b. False
30. Aioki must use the most current IP PIN to file her 2020 tax return.
- a. True
 - b. False



Basic Course Retest Questions

Directions

The first five scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

Basic Scenario 1: Sheldon and Odessa Sanford

Interview Notes

- Sheldon and Odessa Sanford are married and elect to file Married Filing Jointly.
- Sheldon is 73 years old and Odessa is 64 years old. Odessa earned \$33,000 in wages.
- After 30 years of service, Sheldon retired from his job on February 1, 2018. During his career, Sheldon contributed pre-tax dollars to a qualified 401(k) retirement plan through his employer. His retirement is fully taxable. Sheldon also received Social Security benefits of \$7,600.
- Sheldon and Odessa are not blind and cannot be claimed as dependents by another taxpayer.
- Sheldon and Odessa are U.S. citizens and have valid Social Security numbers.

Basic Scenario 1: Retest Questions

1. The required minimum distribution rules are temporarily waived for tax year 2020.
 - a. True
 - b. False

2. What is the amount of Sheldon and Odessa's standard deduction?
 - a. \$24,800
 - b. \$26,100
 - c. \$26,450
 - d. \$27,400

Basic Scenario 2: Marsha Perry

Interview Notes

- Marsha is 23 years old and single. She cannot be claimed as a dependent by another taxpayer.
- Marsha earned wages of \$18,500 and had \$1,500 of federal income tax withholding in tax year 2020.
- Marsha gave birth to Shelby on November 10, 2020.
- Marsha paid all the cost of keeping up a home and support for Shelby.
- Shelby and Marsha are U.S. citizens and have valid Social Security numbers.
- Marsha filed Single with no dependents on her 2019 tax return and received a \$1,200 Economic Impact Payment in May 2020.

Basic Scenario 2: Retest Questions

3. Marsha is **not** required to file a return, but should file a return to claim a refund of her federal income tax withholding.
- a. True
 - b. False

4. Marsha qualifies for the recovery rebate credit of \$_____ for Shelby.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. \$300
- b. \$500
- c. \$600
- d. \$1,200

Basic Scenario 3: Aiden and Sophia Duke

Interview Notes

- Aiden and Sophia are married and they have always filed Married Filing Jointly.
- Aiden died May 5, 2020 at the age of 58. Sophia, age 56, has not remarried.
- Aiden earned \$5,000 in wages and Sophia earned \$51,000 in wages.
- Sophia paid all the cost of keeping up a home and provided all the support for their two children, Mia and Oliver, who lived with them all year.
- Mia is 11 years old and Oliver is 15 years old.
- Sophia does not have enough deductions to itemize, but she did make a \$500 cash charitable contribution to a qualified charitable organization in tax year 2020.
- Aiden, Sophia, Mia, and Oliver are all U.S. citizens with valid Social Security numbers.

Basic Scenario 3: Retest Questions

5. Qualifying Widow(er) is the most advantageous filing status Sophia can claim on the tax return for tax year 2020.
 - a. True
 - b. False
6. Sophia can deduct a charitable contribution as an adjustment in the amount of \$300.
 - a. True
 - b. False

Basic Scenario 4: Benjamin and Amelia Hopkins

Interview Notes

- Benjamin and Amelia Hopkins have been married since 2016.
- Benjamin is a U.S. citizen with a valid Social Security number. Amelia is a resident alien with an Individual Taxpayer Identification Number (ITIN). They elect to file Married Filing Jointly.
- Benjamin worked in 2020 and earned wages of \$25,000. Amelia worked part-time and earned wages of \$15,000.
- They have two children: Harper, who is 9 years old, and Evelyn, who is 12 years old.
- Both children were supported by their parents all year. Harper is a U.S. citizen and has a valid Social Security number. Evelyn is a resident alien and has an ITIN.
- Benjamin, Amelia, Harper, and Evelyn lived together in the U.S. all year.

Basic Scenario 4: Retest Questions

7. Evelyn is a qualifying child for the child tax credit.
 - a. True
 - b. False
8. The Hopkins are eligible to claim the earned income credit.
 - a. True
 - b. False

Basic Scenario 5: Lucas and Abigail Brown

Interview Notes

- Lucas and Abigail are married and want to file a joint return.
- Lucas earned \$35,000 in wages and Abigail earned \$20,000 in wages.
- Lucas and Abigail have three children. Their twin sons, Mason and Logan, are both 4 years old. Their oldest son, Warren, is 17 years old.
- Mason, Logan, and Warren lived with their parents all year and did not provide more than half of their own support.
- Lucas and Abigail paid \$5,000 in daycare for Mason and Logan. The statement from the daycare provider includes the provider's name, address, valid Employer Identification Number, and the amount paid for Mason and Logan's care.
- Lucas, Abigail, Mason, Logan, and Warren are all U.S. citizens with valid Social Security numbers.

Basic Scenario 5: Retest Questions

9. The Browns are eligible to claim the earned income credit and child and dependent care credit.
 - a. True
 - b. False
10. The refundable amount of the additional child tax credit is limited to \$_____ per child.

Basic Scenario 6: Retest Questions

Directions

Read the scenario information for Daniel and Avery Emory beginning on page 38.

11. Daniel and Avery's standard deduction is:
 - a. \$24,800
 - b. \$26,100
 - c. \$26,450
 - d. \$27,400
12. What is the total amount of adjustments on the Emorys' tax return? \$_____.
13. Daniel and Avery's total qualified education expenses used to calculate the American opportunity credit are \$2,500.
 - a. True
 - b. False
14. Daniel and Avery can claim the child tax credit for Matthew.
 - a. True
 - b. False
15. Which of the following items are included in the total payments on Daniel and Avery's tax return?
 - a. Federal income tax withheld from Forms W-2 and 1099
 - b. \$500 estimated tax payment
 - c. Refundable credits
 - d. All of the above
16. The taxable amount of Daniel's Social Security is \$7,500.
 - a. True
 - b. False
17. Attendance at school is considered a temporary absence and those months are counted as time that Jackson lived with his parents for the earned income credit.
 - a. True
 - b. False

Basic Scenario 7: Retest Questions

Directions

Read the scenario information for Emma Davis beginning on page 48.

18. What amount is reported as wages on Emma's tax return? \$_____.
19. Single is the most advantageous filing status Emma is eligible to claim on her tax return.
 - a. True
 - b. False
20. Qualified dividends qualify for lower, long-term capital gain tax rates.
 - a. True
 - b. False
21. Who qualifies as Emma's dependent?
 - a. Poppy
 - b. Sebastian
 - c. Both a and b
 - d. Neither a nor b
22. Emma's gambling losses reduced the amount of her gambling winnings reported as taxable income.
 - a. True
 - b. False
23. What actions should Emma take to prevent having a balance due next year? (Choose the best answer.)
 - a. She should use the IRS Tax Withholding Estimator and adjust her withholding.
 - b. Emma should decrease the amount of withholding on her form W-4P for next year.
 - c. Emma should ask friends what they are doing to avoid having a balance due.
 - d. Emma should **not** do anything to prevent having a balance next year.
24. Emma should **not** file her tax return until she can pay the entire balance due.
 - a. True
 - b. False

Basic Scenario 8: Retest Questions

Directions

Read the scenario information for Aioki Ellis beginning on page 55.

- 25.** What is the amount of Aioki's credit on Form 8880, Credit for Qualified Retirement Savings Contributions?
- a. \$0
 - b. \$200
 - c. \$2,000
 - d. \$4,000
- 26.** What is the taxable amount of unemployment compensation? \$_____.
- 27.** Aioki is subject to the additional 10% tax on early distributions.
- a. True
 - b. False
- 28.** Aioki is **not** eligible for the child and dependent care credit and earned income credit because her filing status is Married Filing Separately.
- a. True
 - b. False
- 29.** Aioki wants to split the refund between her savings and checking accounts. How is this accomplished, if possible?
- a. Splitting a refund is **not** possible.
 - b. Aioki does **not** have an overpayment on her return.
 - c. This can only be accomplished if filing a paper return.
 - d. Complete Form 8888, Allocation of Refund (Including Savings Bond Purchases).
- 30.** Aioki can use her IP PIN from any year to file her 2020 tax return.
- a. True
 - b. False



Advanced Course Scenarios and Test Questions

Directions

The first five scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

Advanced Scenario 1: Rebecca Washington

Interview Notes

- Rebecca was single on December 31, 2020. Her husband, Doug Washington, passed away on March 20, 2019, and she has not remarried. Rebecca and Doug have always filed Married Filing Jointly in previous tax years.
- Rebecca and Doug have two children, Sara, age 15 and David, age 11. Rebecca is 45 years old.
- Rebecca earned \$36,000 in wages in tax year 2020. This was her only source of income. Each of the children received \$200 in Social Security Survivor Benefits for the year, which Rebecca put into a college fund for their education.
- Rebecca paid all the cost to keep up her home and support for Sara and David.
- Rebecca received \$2,200 in an Economic Impact Payment.
- In order to work, Rebecca paid \$3,100 to ABC Academy for after-school child care. The statement from the care provider includes the provider's name, address, valid Employer Identification Number, and the amount paid for child care expenses for David (\$2,500) and Sara (\$600).
- They all are U.S. citizens and have valid Social Security numbers. No one in the family has a disability.

Advanced Scenario 1: Test Questions

1. What is the most beneficial filing status allowable for Rebecca?
 - a. Single
 - b. Married Filing Jointly
 - c. Head of Household
 - d. Qualifying Widow(er)
2. Rebecca has \$3,100 in qualifying child care expenses for the child and dependent care credit.
 - a. True
 - b. False

Advanced Scenario 2: Pat and Terri Jefferson

Interview Notes

- Pat and Terri are married and want to file a joint return.
- Pat is a U.S. citizen and has a valid Social Security number. Terri is a resident alien and has an ITIN.
- Pat has a child from a previous marriage, Jacob, age 17.
- Pat and Terri have a child together, Jill, age 12.
- Jacob and Jill are U.S. citizens and have valid Social Security numbers.
- Pat received a total of \$3,300 in unemployment compensation when he lost his job due to the coronavirus pandemic. He also earned \$22,000 in wages.
- Terri did not have any income.
- Pat and Terri provided all the support for their two children.

Advanced Scenario 2: Test Questions

3. Pat and Terry are eligible for which of the following credits? Select the best answer.
 - a. Credit for other dependents
 - b. Child tax credit
 - c. Earned income credit
 - d. Both a and b
4. Pat's unemployment compensation is **not** taxable this year because it was received as a result of the coronavirus pandemic.
 - a. True
 - b. False

Advanced Scenario 3: Janice Billings and Andrew Noble

Interview Notes

- Janice Billings, age 40, and Andrew Noble, age 45 are engaged and lived together the entire year.
- Janice moved her mother Dorothy in with them on December 1, 2019, due to Dorothy's Alzheimer's diagnosis.
- Janice received Medicaid waiver payments of \$15,000 for the care of her mother. The payments were reported on Form W-2.
- Dorothy's only income was Social Security in the amount of \$13,000, which she used for her own support.
- Andrew earned wages of \$25,000 and was enrolled the entire year in a high deductible health plan (HDHP) with self-only coverage.
- During the year, Andrew contributed \$1,500 to his Health Savings Account (HSA). Andrew's mother also contributed \$1,000 to his HSA account.
- Andrew's Form W-2 shows \$500 in Box 12 with code W. He has Form 5498-SA showing \$3,000 in Box 2.
- Andrew took a distribution from his HSA to pay his unreimbursed expenses:
 - Urgent care bill: \$375
 - Hospital bill: \$1,200
 - Prescription medicine: \$578
 - Dental bills for routine exams: \$168
 - Over-the-counter allergy medication: \$79
 - Yoga Classes: \$600
- Janice, Andrew, and Dorothy are U.S. citizens with valid Social Security numbers.

Advanced Scenario 3: Test Questions

5. Which of the following statements is **true**?
- a. Janice's Medicaid waiver payments must be included in taxable income in order to be considered earned income when calculating the earned income credit.
 - b. Janice's Medicaid waiver payments can never be considered earned income when calculating the earned income credit.
 - c. Janice's Medicare waiver payments are **not** included in taxable income and are never considered earned income when calculating the earned income credit.
 - d. Janice's Medicaid waiver payments are **not** included in taxable income but can be considered earned income for calculating the earned income credit.

6. What is the amount of Andrew's HSA deduction on Form 8889, Part I, line 13?
- a. \$1,500
 - b. \$2,000
 - c. \$2,500
 - d. \$3,455
7. Andrew can identify the employer's HSA contribution by the Code W in Box 12 on his Form W-2.
- a. True
 - b. False
8. What is the total unreimbursed qualified medical expenses reported on Form 8889, Part II?
- a. \$2,025
 - b. \$2,153
 - c. \$2,321
 - d. \$2,400

Advanced Scenario 4: Barbara Williams

Interview Notes

- Barbara is age 54 and was widowed in 1999. She owns her own home and provided all the cost of keeping up her home for the entire year. Her only income for 2020 was \$29,000 in W-2 wages.
- In January of 2020, Barbara's daughter Jenny, age 25, and her granddaughter Molly, age 3, moved in and lived with her the entire year. Jenny's only income for 2020 was \$13,000 in unemployment compensation. Jenny provided over half of her own support. Molly did not provide more than half of her own support.
- Barbara's sister Claire is age 47. She lived with Barbara for the last 7 months of 2020. Her only income for 2020 was \$26,350 in W-2 wages. She used this income to provide over half of her own support.
- All individuals in the household are U.S. citizens with valid Social Security numbers. No one has a disability.

Advanced Scenario 4: Test Questions

9. Which individuals can make an agreement on who can claim Molly as a dependent?
 - a. Barbara and Jenny
 - b. Barbara and Claire
 - c. Jenny and Claire
 - d. Barbara, Jenny, and Claire
10. Who can claim the earned income credit for Molly?
 - a. Claire, because she has the lower AGI
 - b. Jenny, because she is Molly's mother
 - c. Barbara, if Jenny allows her to claim Molly as a dependent
 - d. None of the above

Advanced Scenario 5: Robert Adams

Interview Notes

- Robert is 41 years old and files as Head of Household. He is not blind.
- His 2020 adjusted gross income (AGI) is \$48,624, which includes gambling winnings of \$200.
- Robert would like to itemize his deductions this year.
- Robert brings documentation for the following expenses:
 - \$7,257 Hospital and doctor bills
 - \$600 Contributions to Health Savings Account (HSA)
 - \$2,325 Long Term Care Insurance premiums before age limitation applied
 - \$2,970 State withholding (higher than Robert's calculated state sales tax deduction)
 - \$273 Personal property taxes based on value of vehicle
 - \$700 Friend's personal GoFundMe campaign to help with COVID-19
 - \$250 Cash contributions to the Red Cross
 - \$100 FMV of clothing in good condition donated to the Salvation Army (Robert purchased clothing for \$800)
 - \$7,025 Mortgage interest
 - \$797 Real estate tax
 - \$260 Mortgage Insurance Premiums (PMI)
 - \$120 Homeowners association fees
 - \$3,500 Gambling losses

Advanced Scenario 5: Test Questions

11. If Robert chooses to itemize, which of the following is he eligible to claim as a deduction on Schedule A?
- a. \$700 GoFundMe donation
 - b. \$3,500 Gambling losses
 - c. \$120 Homeowner's Association fees
 - d. \$260 Mortgage Insurance Premiums (PMI)
12. If Robert chooses **not** to itemize, what is the amount that he can deduct as an above-the-line charitable contribution adjustment in 2020?
- a. \$250
 - b. \$300
 - c. \$350
 - d. \$1,050

Advanced Scenario 6: Harris and Carly Franklin

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

- Harris and Carly Franklin are married and choose to file Married Filing Jointly on their 2020 tax return.
- Harris and Carly have one son Billy and a newborn baby Cristina born in 2020.
- Carly was a kindergarten teacher at a private school through May and decided not to return after the birth of her child.
- Carly worked a total of 800 hours in 2020 (January - May). She spent \$375 on unreimbursed classroom expenses while she was employed.
- In order to work, the Franklins paid child care expenses of \$1,500 through May for Billy. They also paid \$750 in child care expenses for Cristina while Carly volunteered in Billy's class in November.
- The Franklins paid \$3,960 in student loan interest in 2020.
- In August of 2020, Harris enrolled in college to pursue a bachelor's degree in Accounting. He provided Form 1098-T and an account statement from the college that included additional expenses.
- Harris had no previous post-secondary education. Gordon College is a qualified educational institution.
- Harris does not have a felony drug conviction.
- The Franklins received a \$2,900 Economic Impact Payment (EIP) in 2020.
- Harris purchased insurance for the entire family through the Marketplace and received Form 1095-A.
- They are all U.S. citizens with valid Social Security numbers.



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.

- 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.

To report unethical behavior to the IRS, email us at wi.voltax@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 HARRIS	M.I.	Last name FRANKLIN	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name CARLY	M.I.	Last name FRANKLIN	Daytime telephone number YOUR PHONE #	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 450 SARASOTA TERRACE		Apt #	City YOUR CITY	State YS
4. Your Date of Birth 03/30/1980		5. Your job title BOOKKEEPER	6. Last year, were you:	
7. Your spouse's Date of Birth 05/27/1981		8. Your spouse's job title TEACHER	9. Last year, was your spouse:	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure		11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) Married

a. If Yes, Did you get married in 2020? Yes No

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

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

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

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
BILLY FRANKLIN	04/01/14	SON	12	YES	YES	S	YES	NO					
CRISTINA FRANKLIN	03/02/20	DAUGHTER	10	YES	YES	S	NO	NO					

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify <u>GAMBLING WINNINGS</u>
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 604-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 34-600XXXX		1 Wages, tips, other compensation 41,502.00	2 Federal income tax withheld 1,200.00			
c Employer's name, address, and ZIP code GILMORE ACCOUNTING CORPORATION 2250 DELTA AVENUE YOUR CITY, STATE ZIP		3 Social security wages 42,502.00	4 Social security tax withheld 2,635.00			
		5 Medicare wages and tips 42,502.00	6 Medicare tax withheld 616.00			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. HARRIS FRANKLIN 450 SARASOTA TERRACE YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12 D 1,000.00		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b			
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State Employer's state ID number YS 34-600XXXX	16 State wages, tips, etc. 41,502.00	17 State income tax 1,604.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 605-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 34-700XXXX		1 Wages, tips, other compensation 9,643.00	2 Federal income tax withheld 700.00			
c Employer's name, address, and ZIP code DEATON ELEMENTARY SCHOOL 2565 DEATON STREET YOUR CITY, STATE ZIP		3 Social security wages 9,643.00	4 Social security tax withheld 597.87			
		5 Medicare wages and tips 9,643.00	6 Medicare tax withheld 139.82			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. CARLY FRANKLIN 450 SARASOTA TERRACE YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b			
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State Employer's state ID number YS 34-700XXXX	16 State wages, tips, etc. 9,643.00	17 State income tax 120.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number FINANCIAL AID PARTNERS 605 LINCOLN DR YOUR CITY, STATE ZIP			OMB No. 1545-1576 <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div>	Student Loan Interest Statement
RECIPIENT'S TIN 37-700XXXX	BORROWER'S TIN 605-00-XXXX	1 Student loan interest received by lender \$ 3,960.00		Copy B For Borrower <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.</small>
BORROWER'S name CARLY FRANKLIN <small>Street address (including apt. no.)</small> 450 SARASOTA TERRACE <small>City or town, state or province, country, and ZIP or foreign postal code</small> YOUR CITY, STATE ZIP		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		
<small>Account number (see instructions)</small>				

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

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number GORDON COLLEGE 10 COLLEGE AVENUE YOUR CITY, STATE ZIP			OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div>	Tuition Statement
FILER'S employer identification no. 37- 700XXXX	STUDENT'S TIN 604-00-XXXX	1 Payments received for qualified tuition and related expenses \$ 3,750.00 2		Copy B For Student <small>This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.</small>
STUDENT'S name HARRIS FRANKLIN <small>Street address (including apt. no.)</small> 450 SARASOTA TERRACE <small>City or town, state or province, country, and ZIP or foreign postal code</small> YOUR CITY, STATE ZIP		3 4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 1,025.00	
<small>Service Provider/Acct. No. (see instr.)</small>	8 Check if at least half-time student <input checked="" type="checkbox"/>	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 2021 <input type="checkbox"/>	
<small>Service Provider/Acct. No. (see instr.)</small>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Form **1095-A****Health Insurance Marketplace Statement** VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.

 CORRECTED**2020**▶ Go to www.irs.gov/Form1095A for instructions and the latest information.**Part I Recipient Information**

1 Marketplace identifier 12-3456789	2 Marketplace-assigned policy number 987654	3 Policy issuer's name INSURER
4 Recipient's name HARRIS FRANKLIN	5 Recipient's SSN 604-00-XXXX	6 Recipient's date of birth 03/30/1980
7 Recipient's spouse's name CARLY FRANKLIN	8 Recipient's spouse's SSN 605-00-XXXX	9 Recipient's spouse's date of birth 05/27/1981
10 Policy start date 01/01/2020	11 Policy termination date 12/31/2020	12 Street address (including apartment no.) 450 SARASOTA TERRACE
13 City or town YOUR CITY	14 State or province YOUR STATE	15 Country and ZIP or foreign postal code YOUR ZIP

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	HARRIS FRANKLIN	604-00-XXXX	03/30/1980	01/01/2020	12/31/2020
17	CARLY FRANKLIN	605-00-XXXX	05/27/1981	01/01/2020	12/31/2020
18	BILLY FRANKLIN	606-00-XXXX	04/01/2014	01/01/2020	12/31/2020
19	CRISTINA FRANKLIN	607-00-XXXX	03/02/2020	03/01/2020	12/31/2020
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	809.00	1,008.92	620.00
22 February	809.00	1,008.92	620.00
23 March	809.00	1,008.92	620.00
24 April	809.00	1,008.92	620.00
25 May	809.00	1,008.92	620.00
26 June	809.00	1,008.92	620.00
27 July	809.00	1,008.92	620.00
28 August	809.00	1,008.92	620.00
29 September	809.00	1,008.92	620.00
30 October	809.00	1,008.92	620.00
31 November	809.00	1,008.92	620.00
32 December	809.00	1,008.92	620.00
33 Annual Totals	9,708.00	12,107.04	7,440.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form **1095-A** (2020)



Gordon College

Statement of Account

December 31, 2020

HARRIS FRANKLIN

Student ID 604-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2020	Tuition – Fall Semester 2020	+\$3,750.00	
08/30/2020	Scholarship		-\$1,025.00
09/03/2020	Parking pass	+\$ 125.00	
09/04/2020	Campus Bookstore charge to student account for course-related books	+\$ 450.00	
09/05/2020	Payment – check #1234		-\$3,300.00

12/31/2020 Account Balance.....\$0.00

Busy Bee Day Care

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

December 31, 2020

Received from Harris and Carly Franklin:

\$1,500 for after-school care for Billy Franklin
\$750 for Cristina Franklin

Total amount received for child care in 2020 \$2,250.00

Ellen River

EIN: 35-900XXXX

Harris and Carly Franklin 450 Sarasota Terrace Your City, State 00000	1234
_____ 20 _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>
_____	DOLLARS
Adelphi Bank and Trust Anytown, State 00000	
For _____	
: 111000025 : 123456789	1234

Advanced Scenario 6: Test Questions

13. What is the amount of Carly's student loan interest deduction on Form 1040, Schedule 1? \$_____.
14. How do educator expenses affect Carly's tax return?
- Carly can claim these expenses as a miscellaneous itemized deduction on her Schedule A.
 - These expenses **cannot** be claimed on her 2020 tax return because she does **not** meet the requirements to claim the educator expenses.
 - \$250 is deducted as an adjustment to income on Form 1040, Schedule 1.
 - Carly is entitled to deduct the full \$375 as an adjustment to income on Form 1040, Schedule 1.
15. What is the amount of qualified child care expenses used in the calculation of the Franklin's Form 2441, Child and Dependent Care Expenses?
- \$0
 - \$750
 - \$1,500
 - \$2,250
16. The refundable portion of the American opportunity credit located on Form 8863, Education Credit is \$_____.
17. The amount of the Franklin's net premium tax credit on Form 8962, Premium Tax Credit is \$_____.
18. The Franklins can claim a recovery rebate credit of \$_____ for Cristina on their 2020 tax return.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

19. Do the Franklins qualify for the earned income credit?
- Yes, they meet all the qualifications to receive the credit.
 - No, their income is too high.

Advanced Scenario 7: Travis and Sylvia Kennedy

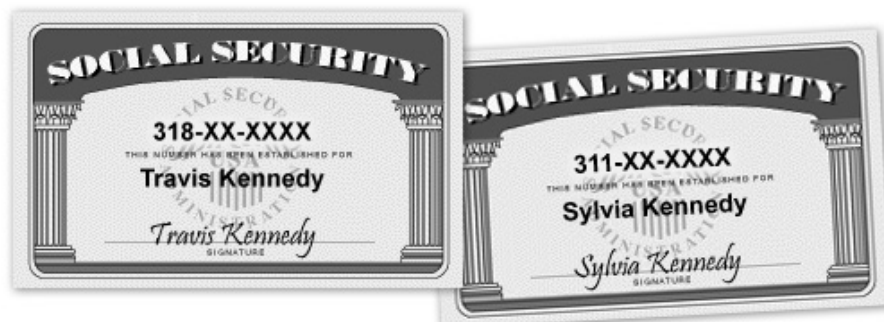
Directions

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

- Travis is age 72 and blind. Sylvia is age 71. They are married and want to file a joint return.
- The Kennedys had a balance due in 2019. They made 4 timely estimated tax payments of \$250 each for tax year 2020.
- Travis retired in 2013 and began receiving his pension on September 1st of that year. He explains that this is a joint survivor annuity. He has already recovered \$9,551 in the cost of the plan.
- The Kennedys have a consolidated broker's statement. Their 2019 tax return shows a \$17,362 long-term carryover loss.
- Sylvia worked part-time as a greeter in a local store.
- In February, Sylvia won \$2,500 gambling at a casino. She also had additional lottery winnings of \$215.
- Sylvia has documented casino losses of \$1,902 and she also purchased 5 lottery tickets during 2020 for \$10 each.
- Travis and Sylvia received \$2,400 in an Economic Stimulus Payment.
- If Travis and Sylvia have a refund, they would like to deposit it into their checking account.
- Travis and Sylvia both have full year health care coverage through Medicare.



Intake/Interview & Quality Review Sheet

You will need:

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

- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 TRAVIS	M.I.	Last name KENNEDY	Daytime telephone number YOUR PHONE #		Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name SYLVIA	M.I.	Last name KENNEDY	Daytime telephone number YOUR PHONE #		Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 742 RED ROOSTER ROAD			Apt #	City YOUR CITY	State YS	ZIP code YOUR ZIP
4. Your Date of Birth 02/11/1948	5. Your job title RETIRED		6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Your spouse's Date of Birth 03/03/1949	8. Your spouse's job title GREETER		9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure						
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

Year of spouse's death _____

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

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

										To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify GAMBLING WINNINGS
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? \$1,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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 b. To purchase U.S. Savings Bonds c. To split your refund between different accounts
 Yes No Yes No 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 311-00-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile						
b Employer identification number (EIN) 57-100XXXX			1 Wages, tips, other compensation 5,000.00		2 Federal income tax withheld 310.00									
c Employer's name, address, and ZIP code BIG BOX STORE 589 YEARLY DRIVE YOUR CITY, STATE ZIP			3 Social security wages 5,000.00		4 Social security tax withheld 310.00									
			5 Medicare wages and tips 5,000.00		6 Medicare tax withheld 72.50									
			7 Social security tips		8 Allocated tips									
d Control number			9		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. SYLVIA KENNEDY 742 RED ROOSTER ROAD YOUR CITY, STATE ZIP			11 Nonqualified plans		12a See instructions for box 12									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number YS 57-100XXXX		16 State wages, tips, etc. 5,000.00		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. PINTO CORPORATION 1809 GULF DRIVE YOUR CITY, STATE ZIP		1 Gross distribution \$ 21,785.00		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 40-100XXXX		2a Taxable amount \$		2020			
RECIPIENT'S name TRAVIS KENNEDY		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,935.00		This information is being furnished to the IRS.	
Street address (including apt. no.) 742 RED ROOSTER ROAD		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		7 Distribution code(s) 7		8 Other \$		17 Local tax withheld \$	
10 Amount allocable to IRR within 5 years \$		9a Your percentage of total distribution %		9b Total employee contributions \$ 38,957.00			
11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		15 State/Payer's state no.		19 Local distribution \$	
Account number (see instructions)		13 Date of payment		15 State/Payer's state no.			

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

**ESSEX BANK, CUSTODIAN
FOR TRADITIONAL IRA OF TRAVIS KENNEDY
300 MARIN STREET
YOUR CITY, STATE ZIP**

1 Gross distribution
\$ **2,500.00**
2a Taxable amount
\$ **2,500.00**

OMB No. 1545-0119
2020
Form **1099-R**

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

PAYER'S TIN
48-100XXXX

RECIPIENT'S TIN
318-00-XXXX

3 Capital gain (included
in box 2a)
\$

4 Federal income tax
withheld
\$ **250.00**

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
TRAVIS KENNEDY
Street address (including apt. no.)
742 RED ROOSTER ROAD
City or town, state or province, country, and ZIP or foreign postal code
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
\$

This information is
being furnished to
the IRS.

10 Amount allocable to IRR
within 5 years
\$

11 1st year of desig.
Roth contrib.

12 FATCA filing
requirement

14 State tax withheld
\$

15 State/Payer's state no.
\$

16 State distribution
\$

Account number (see instructions)

13 Date of
payment

17 Local tax withheld
\$

18 Name of locality
\$

19 Local distribution
\$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name TRAVIS KENNEDY		Box 2. Beneficiary's Social Security Number 318-00-XXXX
Box 3. Benefits Paid in 2020 \$12,000.00	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$12,000.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$9,064.80 Medicare part B deducted from your benefits: \$1,735.20 Benefits for 2020: \$12,000		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withholding \$1,200.00
		Box 7. Address 742 RED ROOSTER ROAD YOUR CITY, YS, YOUR ZIP
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2020 - Subject to Change

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

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name SYLVIA KENNEDY		Box 2. Beneficiary's Social Security Number 311-00-XXXX
Box 3. Benefits Paid in 2020 \$9,000.00	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$9,000.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$7,264.80 Medicare part B deducted from your benefits: \$1,735.20 Benefits for 2020: \$9,000		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withholding
		Box 7. Address 742 RED ROOSTER ROAD YOUR CITY, YS, YOUR ZIP
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2020 - Subject to Change

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

ABC INVESTMENTS

456 Pima Plaza
Your City, YS ZIP

2020 TAX REPORTING STATEMENT

Travis and Sylvia Kennedy
742 Red Rooster Road
Your City, YS ZIP
Account No. 111-222
Recipient ID No. 318-00-XXXX
Payer's Fed ID Number: 40-200XXXX

Form 1099-DIV* 2020 Dividends and Distributions

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

1a	Total Ordinary Dividends	164.00
1b	Qualified Dividends	72.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	250.00
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
2	Nondividend Distributions	0.00
4	Federal Income Tax Withheld	0.00
5	Section 199A Dividends	468.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	312.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Non-Cash Liquidation Distributions	0.00
11	Exempt Interest Dividends	0.00
12	Specified Private Activity Bond Interest Dividends	0.00
13	State	
14	State Identification No.	
15	State Tax Withheld	0.00

Form 1099-MISC* 2020 Miscellaneous Income

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

2	Royalties	0.00
4	Federal Income Tax Withheld	0.00
8	Substitute Payments in Lieu of Dividends or Interest	0.00
16	State Tax Withheld	0.00
17	State/ Payer's State No.	
18	State Income	0.00

Form 1099-INT* 2020 Interest Income

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

1	Interest Income	110.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	0.00
8	Tax-Exempt Interest	0.00
9	Specified Private Activity Bond Interest	0.00
10	Market Discount	30.00
14	Tax-Exempt Bond CUSIP No.	

Summary of 2020 Proceeds From Broker and Barter Exchange Transactions

Sales Price of Stocks, Bonds, etc.	15,080.00
Federal Income Tax Withheld	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. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.

ABC INVESTMENTS456 Pima Plaza
Your City, YS ZIP**2020 TAX REPORTING STATEMENT**Travis and Sylvia Kennedy
742 Red Rooster Road
Your City, YS ZIP
Account No. 111-222
Recipient ID No. 318-00-XXXX
Payer's Fed ID Number: 40-200XXXX**FORM 1099-B* 2020 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 IRSReport on Form 8949 with Box A checked and/or Schedule D, Part I
(This Label is a Substitute for Boxes 1c & 6)**8** Description, **1d** Stock or Other Symbol, CUSIP

(IRS Form 1099-B box numbers are shown below in bold type)

Action	1b Date Acquired	1c Date sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain / Loss (-)	1g Wash Sale Loss Disallowed	4 Federal Income Tax Withheld	14 State Tax Withheld	15 State Tax Withheld
Idaho Co. Common Stock										
Sale	01/07/2020	12/01/2020	200.000	3,000.00	2,700.00	300.00				
TOTALS				3,000.00	2,700.00					

FORM 1099-B* 2020 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 IRSReport on Form 8949 with Box E checked and/or Schedule D, Part II
(This Label is a Substitute for Boxes 1c & 6)**8** Description, **1d** Stock or Other Symbol, CUSIP

(IRS Form 1099-B box numbers are shown below in bold type)

Action	1b Date Acquired	1c Date sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain / Loss (-)	1g Wash Sale Loss Disallowed	4 Federal Income Tax Withheld	14 State Tax Withheld	15 State Tax Withheld
Iowa Co. Common Stock										
Sale	09/17/2008	12/1/2020	200.000	12,080.00	1,700.00	10,380.00				
TOTALS				12,080.00	1,700.00					

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

CORRECTED (if checked)

OMB No. 1545-0238

2020

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code STATE CASINO 1 WINNER CIRCLE YOUR CITY, YS, YOUR ZIP		1 Reportable winnings \$ 2,500.00	2 Date won 02/14/2020
		3 Type of wager SLOTS	4 Federal income tax withheld \$
		5 Transaction	6 Race
PAYER'S federal identification number 35-8XXXXXX		7 Winnings from identical wagers \$	8 Cashier
PAYER'S telephone number		9 Winner's taxpayer identification no. 311-00-XXXX	10 Window
WINNER'S name SYLVIA KENNEDY		11 First I.D.	12 Second I.D.
Street address (including apt. no.) 742 RED ROOSTER ROAD		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code YOUR CITY, YS, YOUR ZIP		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality

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

Signature ▶

Date ▶

Form **W-2G**

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Travis and Sylvia Kennedy		1234
742 Red Rooster Road		
Your City, State 00000		
		20
PAY TO THE ORDER OF	\$	
		DOLLARS
Anytown Bank and Trust		
Anytown, State 00000		
For		
: 111000025	: 123456789	1234

Advanced Scenario 7: Test Questions

20. The Kennedy's standard deduction on their 2020 tax return is \$_____.
21. What is the amount of taxable interest reported on the Kennedys' Form 1040?
- \$0
 - \$30
 - \$110
 - \$140
22. What is the total net amount of capital gain or (loss) reported on Form 1040?
- (\$3,000)
 - \$250
 - \$10,680
 - \$10,930
23. What is the taxable portion of Travis' pension from Pinto Corporation using the Simplified Method? \$_____.
24. Sylvia is eligible to make a contribution to her traditional IRA by the due date of her tax return?
- True
 - False
25. What are the Kennedys' total gambling winnings reported on their Form 1040, Schedule 1?
- \$215
 - \$763
 - \$2,500
 - \$2,715
26. The taxable portion of the Social Security benefits on the Kennedys' Form 1040 is \$17,850.
- True
 - False
27. What are the total payments reported on the Kennedys' Form 1040? \$_____.
28. When must Sylvia take a required minimum distribution (RMD) from her traditional IRA?
- By December 31, 2020, because she does **not** qualify for a waiver.
 - By December 31, 2021, because the RMD was waived for tax year 2020.
 - By April 1 and December 31, 2022, the year after she turns age 72.
 - Sylvia will never be required to take the RMD from her traditional IRA.

Advanced Scenario 8: Richard Roosevelt

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

- Richard is age 45 and single. Richard's tax information was stolen and the IRS issued an Identity Protection PIN 123456.
- Richard's mother, Martha, lives in a nursing home in a neighboring state. In 2020, she received \$7,800 in Social Security income. Although she uses this money for her support, Richard has records showing he provided over half of her support in 2020.
- Richard lost his job in March when the state shut down due to the coronavirus pandemic. He received unemployment compensation for June and July.
- Richard began a landscape service in April and was paid on Form 1099-NEC. He also received cash receipts of \$325 from clients not reported on a tax form. Richard uses the cash method of accounting.
- He uses business code 561730.
- He has receipts for the following expenses:
 - Used lawnmower - \$236
 - Business cards - \$15
 - Rake - \$19
 - Work gloves - \$25
 - Lunches - \$140
 - Work clothes suitable for everyday use - \$175
 - Lunch box - \$25
- Richard has a detailed mileage log reporting:
 - Mileage from his home to his 1st client's home and mileage from his last client's home to his home – 620 miles.
 - In addition, on the days Richard worked for multiple clients, he kept track of the mileage from the first client's home to the second client's home in case that mileage was also deductible. He logged 312 miles (**not** included in the 620 miles).
 - The total mileage on his car for tax year 2020 was 9,543 miles. Of that, 8,611 were personal miles. He placed his only vehicle, a pick-up truck, in service on 3/15/2020. He will take the standard mileage rate.
- Richard took an early distribution from his IRA in April to help pay his living expenses while he was out of work due to COVID-19. Richard did not repay this distribution by the due date of his 2020 tax return.

- Richard settled with his credit card company on an outstanding bill and brought the Form 1099-C to the site. He isn't sure how it will impact his tax return for tax year 2020. Richard determined he was solvent as of the date of the canceled debt.
- Richard went back to work in July and received a Form W-2.
- Richard doesn't have enough to itemize this year and will take the standard deduction.
- Richard received a \$1,200 Economic Impact Payment (EIP) in April 2020.
- Richard didn't have any health insurance in 2020.



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.

- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 RICHARD	M.I.	Last name ROOSEVELT	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 1551 CONCORD CIRCLE		Apt #	City YOUR CITY	State YS ZIP code YOUR ZIP
4. Your Date of Birth 03/11/1975	5. Your job title SALES MANAGER		6. Last year, were you:	
			a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
			a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
			c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

Year of spouse's death _____

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

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

										To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						
MARTHA ROOSEVELT	6/12/1949	PARENT	0	YES	YES	S	NO	NO						

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify GAMBLING WINNINGS

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? \$1,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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 b. To purchase U.S. Savings Bonds c. To split your refund between different accounts
 Yes No Yes No 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 227-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 34-800XXXX		1 Wages, tips, other compensation 17,650.00	2 Federal income tax withheld 1,760.00			
c Employer's name, address, and ZIP code PARKER INDUSTRIES 8009 PIKE CIRCLE YOUR CITY, STATE ZIP		3 Social security wages 17,650.00	4 Social security tax withheld 1,094.30			
		5 Medicare wages and tips 17,650.00	6 Medicare tax withheld 225.93			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. RICHARD ROOSEVELT 1551 CONCORD CIRCLE YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
		14 Other		12c		
f Employee's address and ZIP code		12d				
15 State Employer's state ID number YS 34-800XXXX	16 State wages, tips, etc. 17,650.00	17 State income tax 300.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 227-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 36-700XXXX		1 Wages, tips, other compensation 27,000.00	2 Federal income tax withheld 2,700.00			
c Employer's name, address, and ZIP code XYZ CORPORATION 2525 SOUTH STREET YOUR CITY, STATE ZIP		3 Social security wages 27,000.00	4 Social security tax withheld 1,674.00			
		5 Medicare wages and tips 27,000.00	6 Medicare tax withheld 392.00			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. RICHARD ROOSEVELT 1551 CONCORD CIRCLE YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
		14 Other		12c		
f Employee's address and ZIP code		12d				
15 State Employer's state ID number YS 36-700XXXX	16 State wages, tips, etc. 27,000.00	17 State income tax 450.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ESSEX BANK 300 MARIN STREET YOUR CITY, YS ZIP		1 Date of identifiable event 07/01/2020	OMB No. 1545-1424	2020 Form 1099-C	Cancellation of Debt
		2 Amount of debt discharged \$ 775.00			
		3 Interest, if included in box 2 \$			
CREDITOR'S TIN 40-200XXXX	DEBTOR'S TIN 227-00-XXXX	4 Debt description CANCELED CREDIT CARD DEBT			Copy B For Debtor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name RICHARD ROOSEVELT		5 If checked, the debtor was personally liable for repayment of the debt <input checked="" type="checkbox"/>			
Street address (including apt. no.) 1551 CONCORD CIRCLE					
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YS ZIP					
Account number (see instructions) 1234 5678 009876		6 Identifiable event code	7 Fair market value of property \$		
Form 1099-C (keep for your records)		www.irs.gov/Form1099C		Department of the Treasury - Internal Revenue Service	

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE UNEMPLOYMENT OFFICE YOUR CITY, STATE ZIP		1 Unemployment compensation \$ 2,800	OMB No. 1545-0120	2020 Form 1099-G	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$			
PAYER'S TIN 38-700XXXX	RECIPIENT'S TIN 227-00-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 280.00	Copy 1 For State Tax Department	
RECIPIENT'S name RICHARD ROOSEVELT		5 RTAA payments \$	6 Taxable grants \$		
Street address (including apt. no.) 1551 CONCORD CIRCLE		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		9 Market gain \$			
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld \$	
Form 1099-G		www.irs.gov/Form1099G		Department of the Treasury - Internal Revenue Service	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WRIGHT'S LANDSCAPING P.O. BOX 123456 YOUR CITY, YS, YOUR ZIP		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 83-400XXXX		RECIPIENT'S TIN 227-00-XXXX		1 Nonemployee compensation \$ 4,010	
RECIPIENT'S name RICHARD ROOSEVELT		2		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Street address (including apt. no.) 1551 CONCORD CIRCLE		3			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YS, YOUR ZIP		4 Federal income tax withheld \$			
FATCA filing requirement <input type="checkbox"/>		5 State tax withheld \$			
Account number (see instructions)		6 State/Payer's state no. \$		7 State income \$	

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. ESSEX BANK 300 MAIN STREET YOUR CITY, STATE ZIP		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 40-200XXXX		RECIPIENT'S TIN 227-00-XXXX		1 Gross distribution \$ 1,000.00 2a Taxable amount \$ 1,000.00	
RECIPIENT'S name RICHARD ROOSEVELT		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		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.	
Street address (including apt. no.) 1551 CONCORD CIRCLE		3 Capital gain (included in box 2a) \$			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		4 Federal income tax withheld \$ 200.00			
7 Distribution code(s) 1		8 Other \$ %			
10 Amount allocable to IRR within 5 years \$		9a Your percentage of total distribution %		6 Net unrealized appreciation in employer's securities \$	
11 1st year of desig. Roth contrib.		9b Total employee contributions \$		15 State/Payer's state no.	
12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$		16 State distribution \$	
Account number (see instructions)		13 Date of payment \$		17 Local tax withheld \$	
		18 Name of locality \$		19 Local distribution \$	

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Advanced Scenario 8: Test Questions

Directions

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

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.

- 29.** Richard's most beneficial filing status allowable is Head of Household.
- True
 - False
- 30.** Which item(s) can be deducted by Richard as a business expense?
- Work gloves
 - Work clothes (suitable for everyday use)
 - Rake
 - Both a and c
- 31.** What is the qualified business income (QBI) deduction on the Richard's tax return?
- \$0
 - \$648
 - \$718
 - \$3,857
- 32.** Richard must report \$_____ of his canceled debt on his 2020 tax return.
- 33.** Richard is required to pay a 10% additional tax on the early distribution from his IRA account in 2020.
- True
 - False
- 34.** Richard has been assigned an Identity Protection PIN by the IRS. How does this affect preparation of Richard's tax return?
- The PIN must be entered during tax return preparation.
 - The PIN will appear on Richard's Form 1040.
 - Failure to enter the PIN will cause Richard's e-filed return to be rejected by the IRS.
 - All of the above.

35. Which of the following statements is **true**?

- a. Richard is able to defer half the taxpayer and employer share of Social Security tax until December 31, 2021 and the other half until December 31, 2022.
- b. Richard is able to defer half of the taxpayer share of Social Security tax until December 31, 2021 and the other half until December 31, 2022.
- c. Richard is able to defer half of the employer share of Social Security tax until December 31, 2021 and the other half until December 31, 2022.
- d. Richard does **not** have the option to defer half of his share or the employer share of Social Security tax.



Advanced Course Retest Questions

Directions

The first five scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

Advanced Scenario 1: Rebecca Washington

Interview Notes

- Rebecca was single on December 31, 2020. Her husband, Doug Washington, passed away on March 20, 2019, and she has not remarried. Rebecca and Doug have always filed Married Filing Jointly in previous tax years.
- Rebecca and Doug have two children, Sara, age 15 and David, age 11. Rebecca is 45 years old.
- Rebecca earned \$36,000 in wages in tax year 2020. This was her only source of income. Each of the children received \$200 in Social Security Survivor Benefits for the year, which Rebecca put into a college fund for their education.
- Rebecca paid all the cost to keep up her home and support for Sara and David.
- Rebecca received \$2,200 in an Economic Impact Payment.
- In order to work, Rebecca paid \$3,100 to ABC Academy for after-school child care. The statement from the care provider includes the provider's name, address, valid Employer Identification Number, and the amount paid for child care expenses for David (\$2,500) and Sara (\$600).
- They all are U.S. citizens and have valid Social Security numbers. No one in the family has a disability.

Advanced Scenario 1: Retest Questions

1. Rebecca's most beneficial allowable filing status is Head of Household.
 - a. True
 - b. False
2. Rebecca has \$_____ in qualifying child care expenses for the child and dependent care credit.

Advanced Scenario 2: Pat and Terri Jefferson

Interview Notes

- Pat and Terri are married and want to file a joint return.
- Pat is a U.S. citizen and has a valid Social Security number. Terri is a resident alien and has an ITIN.
- Pat has a child from a previous marriage, Jacob, age 17.
- Pat and Terri have a child together, Jill, age 12.
- Jacob and Jill are U.S. citizens and have valid Social Security numbers.
- Pat received a total of \$3,300 in unemployment compensation when he lost his job due to the coronavirus pandemic. He also earned \$22,000 in wages.
- Terri did not have any income.
- Pat and Terri provided all the support for their two children.

Advanced Scenario 2: Retest Questions

3. Pat and Terri are only eligible to claim the child tax credit on their 2020 tax return.
 - a. True
 - b. False
4. The taxable amount of Pat's unemployment compensation is \$_____?

Advanced Scenario 3: Interview Notes

- Janice Billings, age 40, and Andrew Noble, age 45 are engaged and lived together the entire year.
- Janice moved her mother Dorothy in with them on December 1, 2019, due to Dorothy's Alzheimer's diagnosis.
- Janice received Medicaid waiver payments of \$15,000 for the care of her mother. The payments were reported on Form W-2.
- Dorothy's only income was Social Security in the amount of \$13,000, which she used for her own support.
- Andrew earned wages of \$25,000 and was enrolled the entire year in a high deductible health plan (HDHP) with self-only coverage.
- During the year, Andrew contributed \$1,500 to his Health Savings Account (HSA). Andrew's mother also contributed \$1,000 to his HSA account.
- Andrew's Form W-2 shows \$500 in Box 12 with code W. He has Form 5498-SA showing \$3,000 in Box 2.
- Andrew took a distribution from his HSA to pay his unreimbursed expenses:
 - Urgent care bill: \$375
 - Hospital bill: \$1,200
 - Prescription medicine: \$578
 - Dental bills for routine exams: \$168
 - Over-the-counter allergy medication: \$79
 - Yoga Classes: \$600
- Janice, Andrew, and Dorothy are U.S. citizens with valid Social Security numbers.

Advanced Scenario 3: Retest Questions

5. Medicaid waiver payments can be considered earned income for the computation of the earned income credit.
 - a. True
 - b. False
6. Andrew's HSA deduction amount on Form 8889, Part I, line 13 is \$3,000.
 - a. True
 - b. False

7. The HSA contribution made by Andrew's employer will be shown in Box 12 on his Form W-2 with the following:
 - a. Code D
 - b. Code DD
 - c. Code J
 - d. Code W

8. The over-the-counter allergy medication is a qualified medical expense for HSA purposes.
 - a. True
 - b. False

Advanced Scenario 4: Barbara Williams

Interview Notes

- Barbara is age 54 and was widowed in 1999. She owns her own home and provided all the cost of keeping up her home for the entire year. Her only income for 2020 was \$29,000 in W-2 wages.
- In January of 2020, Barbara's daughter Jenny, age 25, and her granddaughter Molly, age 3, moved in and lived with her the entire year. Jenny's only income for 2020 was \$13,000 in unemployment compensation. Jenny provided over half of her own support. Molly did not provide more than half of her own support.
- Barbara's sister Claire is age 47. She lived with Barbara for the last 7 months of 2020. Her only income for 2020 was \$26,350 in W-2 wages. She used this income to provide over half of her own support.
- All individuals in the household are U.S. citizens with valid Social Security numbers. No one has a disability.

Advanced Scenario 4: Retest Questions

9. Barbara and Claire can make an agreement on who can claim Molly as a dependent.
 - a. True
 - b. False
10. Jenny is eligible for earned income credit, but can allow Claire to claim the credit.
 - a. True
 - b. False

Advanced Scenario 5: Robert Adams

Interview Notes

- Robert is 41 years old and files as Head of Household. He is not blind.
- His 2020 adjusted gross income (AGI) is \$48,624, which includes gambling winnings of \$200.
- Robert would like to itemize his deductions this year.
- Robert brings documentation for the following expenses:
 - \$7,257 Hospital and doctor bills
 - \$600 Contributions to Health Savings Account (HSA)
 - \$2,325 Long Term Care Insurance premiums before age limitation applied
 - \$2,970 State withholding (higher than Robert's calculated state sales tax deduction)
 - \$273 Personal property taxes based on value of vehicle
 - \$700 Friend's personal GoFundMe campaign to help with COVID-19
 - \$250 Cash contributions to the Red Cross
 - \$100 FMV of clothing in good condition donated to the Salvation Army (Robert purchased clothing for \$800)
 - \$7,025 Mortgage interest
 - \$797 Real estate tax
 - \$260 Mortgage Insurance Premiums (PMI)
 - \$120 Homeowners association fees
 - \$3,500 Gambling losses

Advanced Scenario 5: Retest Questions

11. Robert is eligible to claim the donation to his friend's GoFundMe account as a charitable contribution.
 - a. True
 - b. False

12. Robert qualifies for an above-the-line charitable contribution adjustment of \$300 on his 2020 tax return if he chooses **not** to itemize.
 - a. True
 - b. False

Advanced Scenario 6: Retest Questions

Directions

Refer to the scenario information for Harris and Carly Franklin, beginning on page 78.

13. Carly can claim \$3,960 as a student loan interest deduction on Form 1040, Schedule 1.
- True
 - False
14. Carly is eligible to deduct \$250 as an adjustment to income on Form 1040, Schedule 1 for qualified educator expenses.
- True
 - False
15. The Franklins can use \$ _____ of qualified child care expenses to calculate the child and dependent care credit.
16. The refundable amount of the American opportunity credit located on Form 8863, Education Credit is:
- \$0
 - \$500
 - \$918
 - \$1,000
17. The Franklins' Form 8962, Premium Tax Credit, shows they are entitled to a net premium tax credit on their 2020 tax return.
- True
 - False
18. The Franklins can claim a recovery rebate credit of \$1,200 for Christina on their 2020 tax return.
- Note:** Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.
- True
 - False
19. What is the amount of the earned income credit on the Franklins' Form 1040?
- \$0
 - \$464
 - \$538
 - \$5,920

Advanced Scenario 7: Retest Questions

Directions

Refer to the scenario information for Travis and Sylvia Kennedy, beginning on page 88.

- 20.** The Kennedys' standard deduction for tax year 2020 is:
- a. \$24,800
 - b. \$26,100
 - c. \$27,400
 - d. \$28,700
- 21.** The total taxable interest on Form 1040 is \$_____.
- 22.** The total amount of capital gains reported on the Kennedys' 2020 tax return is \$250.
- a. True
 - b. False
- 23.** What is the taxable portion of Travis' pension from Pinto Corporation using the Simplified Method?
- a. \$0
 - b. \$19,987
 - c. \$20,277
 - d. \$21,785
- 24.** Individuals over age 70½ who are still working or running a business can choose to contribute to a traditional IRA beginning in 2020.
- a. True
 - b. False
- 25.** The Kennedys' will report their net gambling winning of \$763 on Form 1040, Schedule 1.
- a. True
 - b. False
- 26.** What is the taxable portion of the Social Security benefits on the Kennedy's Form 1040?
- a. \$0
 - b. \$3,148
 - c. \$17,850
 - d. \$21,000

27. The Kennedys' total payments reported on Form 1040 are \$_____
- a. \$500
 - b. \$1,000
 - c. \$3,635
 - d. \$4,385
28. The CARES Act temporarily waived the required minimum distribution rules for traditional IRAs for 2020.
- a. True
 - b. False

Advanced Scenario 8: Retest Questions

Directions

Refer to the scenario information for Richard Roosevelt, beginning on page 99

- 29.** Richard is **not** eligible to claim Head of Household because his mother did **not** live with him during the year.
- a. True
 - b. False
- 30.** Richard can deduct his work clothes that are suitable for everyday use.
- a. True
 - b. False
- 31.** Richard's qualified business income (QBI) deduction is \$718.
- a. True
 - b. False
- 32.** Richard does **not** have to report his cancelled credit card debt on his tax return.
- a. True
 - b. False
- 33.** The additional tax calculated on Richard's early distribution from his IRA in 2020 is \$_____.
- 34.** Richard must use his most recent IP PIN when he files his tax return.
- a. True
 - b. False
- 35.** Richard is able to defer half of the taxpayer share of Social Security tax until December 31, 2021 and the other half until December 31, 2022.
- a. True
 - b. False



Qualified Experienced Volunteer Scenarios and Test Questions

Directions

The first four scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

Scenario 1: Donna and Becky Butler

Interview Notes

- Becky turned 18 years old in November 2020. She is a senior in high school. She has a son who was born in May of 2020. She lived with Donna, her mother, all year and the baby lived with them from birth.
- Becky works part-time and made about \$6,500 in 2020. She was saving the money for college, but she ended up spending it on the baby. Becky does not provide more than half of her own support.
- The baby's father, Thomas, pays \$250 per month in child support. Becky uses the money to pay for some of the baby's expenses. Thomas and Becky were never married and do not live together.
- Donna received a Form 1099-R showing \$20,000 with code 3 in Box 7. She was born in 1971. Donna also receives a widow's pension from Social Security in the amount of \$15,000. Donna's husband died in 2015 and she has not remarried. She paid all the remaining support and all the costs of keeping up the home for Becky and the baby.
- In 2020, Donna received an Economic Impact Payment (EIP) of \$1,200. Becky did not receive an EIP.
- Becky, Donna, Thomas, and the baby are all U.S. citizens with valid Social Security numbers.

Scenario 1: Test Questions

1. Which of the following statements is **true**?
 - a. Thomas can file as Single and claim the baby as a dependent.
 - b. Becky can file as Single and claim the baby as a dependent.
 - c. Donna can file as Qualifying Widow and claim the baby as a dependent.
 - d. Donna can file as Head of Household and claim Becky and the baby as dependents.

2. The person eligible to claim the baby as a dependent can also claim which of the following credits:
 - a. Earned income credit and additional child tax credit
 - b. Earned Income credit, additional child tax credit, and credit for the elderly and disabled
 - c. Additional child tax credit.
 - d. The baby is **not** a qualifying child for any of the credits

3. The person eligible to claim the baby as a dependent can also claim a \$500 recovery rebate credit on their 2020 tax return.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. True
- b. False

Scenario 2: Clare Ellsworth and Her Parents


Interview Notes

- Clare is 21 years old and a full-time college junior majoring in nursing. She resides in the campus dorm when school is in session, but lives with her parents during the summer.
- Clare spent \$1,000 on books.
- Clare works at the Campus Pharmacy on weekends, but it doesn't cover all of her expenses. Clare received a Form W-2 from the Campus Pharmacy as shown on the following page.
- Clare's parents are providing the majority of her support.
- Clare has not been convicted of any felony.
- She also received Form 1098-T as shown on the following page. The Box 5 amount was an unrestricted scholarship.
- Clare and her parents came to the site to have their returns prepared. They want to maximize the tax benefits for the family.

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number YUMA COLLEGE 1000 COLLEGE AVE YOUR CITY, STATE ZIP		1 Payments received for qualified tuition and related expenses \$ 2,000	OMB No. 1545-1574 2020 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. 37-700XXXX	STUDENT'S TIN 654-00-XXXX	3	4 Adjustments made for a prior year \$	
STUDENT'S name CLARE ELLSWORTH		5 Scholarships or grants \$ 5,000	6 Adjustments to scholarships or grants for a prior year \$	
Street address (including apt. no.) 1234 ROCKMONT ST		7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2021 <input type="checkbox"/>	8 Check if at least half-time student <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE ZIP		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

a Employee's social security number 654-00-XXXX		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 37-700XXXX		1 Wages, tips, other compensation 1,023.00	2 Federal income tax withheld 0.00				
c Employer's name, address, and ZIP code YUMA COLLEGE CAMPUS PHARMACY 1000 COLLEGE AVE YOUR CITY, STATE ZIP		3 Social security wages 1,023.00	4 Social security tax withheld 63.43				
		5 Medicare wages and tips 1,023.00	6 Medicare tax withheld 14.83				
		7 Social security tips	8 Allocated tips				
d Control number		9	10 Dependent care benefits				
e Employee's first name and initial Last name Suff. CLARE ELLSWORTH 1234 ROCKMONT ST YOUR CITY, STATE ZIP		11 Nonqualified plans					
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12a See instructions for box 12				
		14 Other	12b				
			12c 12d				
f Employee's address and ZIP code		15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Scenario 2: Test Questions

4. Clare's parents would like to claim the American opportunity credit on their tax return. What treatment would provide Clare and her parents the most favorable outcome?
- a. Neither Clare nor her parents can claim the credit because the scholarship income was more than education expenses.
 - b. Clare includes \$5,000 as taxable scholarship income and her parents claim \$3,000 in qualified education expenses.
 - c. Clare includes \$3,000 in taxable scholarship income and her parents claim \$3,000 in qualified education expenses.
 - d. Clare does **not** need to report any scholarship income because it was for educational purposes and her parents claim \$4,000 in qualified education expenses.
5. Which of the following statements is **true**?
- a. Clare is **not** required to file a tax return because her gross income is below the filing threshold.
 - b. Clare is required to file because her total income is over \$4,300 and her parents **cannot** claim her.
 - c. Clare is required to file because her parents can claim her as a dependent and her income is over \$4,300.
 - d. Clare's unearned income is over \$2,200; therefore, the Kiddie Tax applies and her return is out of scope.

Scenario 3: Genevieve Chabot

Interview Notes

- Under a joint and survivor annuity, Genevieve is receiving widow’s benefits from her deceased husband’s pension. Genevieve’s date of birth is 5/31/1965.
- Joe, Genevieve’s husband, retired at age 60 on January 1, 2010 and began receiving his pension benefits immediately. He died in 2015.
- Genevieve received a Form 1099-R, as shown below.
- Genevieve didn’t bring last year’s tax return and claims the full amount of the retirement distribution was taxed in previous years.
- Genevieve is a U.S. citizen with a valid Social Security number.

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. CLARK COMPANY PENSION PLAN 1721 DONNELLY DRIVE YOUR CITY, STATE ZIP		1 Gross distribution \$ 13,200.00					
PAYER'S TIN 40-000XXXX		RECIPIENT'S TIN 655-00-XXXX		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,320.00	
RECIPIENT'S name GENEVIEVE CHABOT Street address (including apt. no.) 890 ALMA AVENUE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		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.	
		7 Distribution code(s) 4		8 Other \$ %			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution % 9b Total employee contributions \$ 5,000.00	
Account number (see instructions)		13 Date of payment		14 State tax withheld \$		15 State/Payer's state no. \$	
17 Local tax withheld \$		18 Name of locality		16 State distribution \$		19 Local distribution \$	
Form 1099-R		www.irs.gov/Form1099R		Department of the Treasury - Internal Revenue Service			

Scenario 3: Test Questions

6. What age is used to compute the taxable amount of the pension using the Simplified Method? _____

7. Using the Simplified Method, you determine the taxable amount of the distribution is \$13,054. How much should be entered as the amount previously recovered in the simplified method worksheet?
 - a. \$0
 - b. \$146
 - c. \$1,460
 - d. \$5,000

Scenario 4: Barbara Drake

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes and accompanying Forms 1099-NEC and 1099-K for the information needed to answer the questions that follow.

Interview Notes

- Barbara is a self-employed rideshare driver for Widget Ride Share.
- Barbara provided a statement from the ride share company that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the ride share business:
 - 5,775 miles driven while transporting customers
 - Ride share fee: \$1,200
 - Safe driver fee: \$50
 - Airport fee: \$115
 - GPS device fee: \$120
- Her recordkeeping application shows she also drove 3,225 miles between rides and 2,134 miles driven between her home and her first and last customer of the day. Barbara has a separate car for personal use. She bought and started using her second car for business on September 1, 2020. She kept receipts showing she spent \$129 on tolls and \$960 on gasoline.
- Barbara also provided the Form 1099-NEC and Form 1099-K that she received from Widget. See the next page.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WIDGET RIDE SHARE 567 ALVIN AVENUE YOUR CITY, STATE ZIP			OMB No. 1545-0116 2020 Form 1099-NEC	Nonemployee Compensation
		1 Nonemployee compensation \$ 3,859.00	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S TIN 20-400XXXX	RECIPIENT'S TIN 345-00-XXXX	2		
RECIPIENT'S name BARBARA DRAKE		3		
Street address (including apt. no.) 789 DANA DRIVE		4 Federal income tax withheld \$		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP				
Account number (see instructions)		5 State tax withheld \$		6 State/Payer's state no.
		FATCA filing requirement <input type="checkbox"/>		

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WIDGET RIDE SHARE 567 ALVIN AVENUE YOUR CITY, STATE ZIP			OMB No. 1545-2205 2020 Form 1099-K	Payment Card and Third Party Network Transactions	
		FILER'S TIN 20-400XXXX	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.		
		PAYEE'S TIN 345-00-XXXX			
		1a Gross amount of payment card/third party network transactions \$ 6,845			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		1b Card Not Present transactions \$			2 Merchant category code
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		3 Number of payment transactions 175			4 Federal income tax withheld \$
PAYEE'S name BARBARA DRAKE Street address (including apt. no.) 789 DANA DRIVE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP PSE'S name and telephone number		5a January \$ 5b February \$ 5c March \$ 5d April \$ 5e May \$ 5f June \$ 5g July \$ 5h August \$ 5i September \$ 1,711.22 5j October \$ 989.67 5k November \$ 1,328.13 5l December \$ 2,815.95			
Account number (see instructions)		6 State	7 State identification no.	8 State income tax withheld \$ \$	

Form **1099-K** (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Scenario 4: Test Questions

8. What is the total of Barbara's self-employment expenses on Schedule C?
- a. \$4,935
 - b. \$6,789
 - c. \$7,749
 - d. \$8,016
9. Which of the following statements regarding self-employment tax is **false**?
- a. Self-employment tax is Social Security and Medicare taxes collected primarily from individuals who work for themselves, similar to the Social Security and Medicare taxes withheld from the pay of most wage earners.
 - b. The Social Security Administration uses the information from Schedule SE to figure a person's benefits under the Social Security program.
 - c. Taxpayers who are already getting Social Security or Medicare benefits are **not** required to pay self-employment taxes.
 - d. Taxpayers who do **not** report all of their self-employment income could cause their Social Security benefits to be lower when they retire.

Scenario 5: Kenneth and Martha Kemper

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

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

- Kenneth and Martha are married and would like to file a joint return.
- Kenneth applied for Social Security Disability benefits in July 2018, and he began receiving benefits in December 2020. The payment included a lump sum distribution for the time Kenneth's application was pending in 2018 and 2019. Kenneth and Martha filed a joint return each year. In 2018, their modified adjusted gross income was \$33,600, and in 2019 their modified adjusted gross income was \$35,229. Martha has never received Social Security benefits.
- Kenneth and Martha have never itemized their deductions.
- Kenneth and Martha received a state income tax refund of \$230.
- Martha was enrolled in her employer's high deductible health plan (HDHP) with self-only coverage for all of 2020. Martha's employer did not offer family coverage.
- Martha contributed \$520 to her Health Savings Account in 2020. Her contributions were made pre-tax through her employer's cafeteria plan.
- Martha's only medical expenses for the year were two doctor visits totaling \$80.
- Kenneth purchased health care coverage through the Marketplace, which he had all year.
- The Kempers received an Economic Impact Payment (EIP) of \$2,400 in 2020.
- If the Kempers are due a refund, they want it direct deposited to their checking account. Bank Routing is 111000022; Checking Account number is 1234567890. If they have a balance due, they will mail in the payment.



Form 13614-C (October 2020)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964
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- 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.
- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 KENNETH	M.I. R	Last name KEMPER	Daytime telephone number 212-555-1212	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name MARTHA	M.I. B	Last name KEMPER	Daytime telephone number 212-555-1212	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 8705 SKIDMORE WAY		Apt #	City YOUR CITY	State YS
4. Your Date of Birth 07/11/1963		5. Your job title DISABLED		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth 05/24/1968		8. Your spouse's job title CLIENT SERVICE SPECIALIST		9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

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

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

To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
- 5. 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 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 1545-1964. 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

a Employee's social security number 456-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 34-600XXXX		1 Wages, tips, other compensation 37,000.00	2 Federal income tax withheld 6,560.78		
c Employer's name, address, and ZIP code SWIFT & ASSOCIATES 12210 ROBINSON ROAD YOUR CITY, STATE ZIP		3 Social security wages 37,000.00	4 Social security tax withheld 2,294.00		
		5 Medicare wages and tips 37,000.00	6 Medicare tax withheld 536.50		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff. MARTHA KEMPER 8705 SKIDMORE WAY YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12 W 520.00	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b DD 5,280.00		
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number YS 234-1293079	16 State wages, tips, etc. 37,000.00	17 State income tax 1,100.00	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. SNEAD COMPANY PENSION PLAN 456 MARTIN MILLS ROAD YOUR CITY, YS, YOUR ZIP		1 Gross distribution \$ 6,000.00	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 20-700XXXX		2a Taxable amount \$ 6,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
RECIPIENT'S TIN 457-00-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 600.00		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.		
RECIPIENT'S name KENNETH KEMPER	5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$				
Street address (including apt. no.) 8705 SKIDMORE WAY	7 Distribution code(s) 2	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP	9a Your percentage of total distribution %	9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name KENNETH KEMPER		Box 2. Beneficiary's Social Security Number 457-00-XXXX	
Box 3. Benefits Paid in 2020 \$48,249.00	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$48,249.00	
DESCRIPTION OF AMOUNT IN BOX 3 2018: \$9,465 2019: \$19,200 2020: \$19,584		DESCRIPTION OF AMOUNT IN BOX 4	
		Box 6. Voluntary Federal Income Tax Withholding	
		Box 7. Address 8705 SKIDMORE WAY YOUR CITY, STATE ZIP	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	

Draft as of June 21, 2020 - Subject to Change

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

ABC INVESTMENTS456 Pima Plaza
Your City, YS ZIP**2020 TAX REPORTING STATEMENT**Kenneth Kemper
8705 Skidmore Way
Your City, YS ZIP
Account No. 111-222
Recipient ID No. 457-00-XXXX
Payer's Fed ID Number: 25-8XXXXXX**FORM 1099-B* 2020 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 IRSReport on Form 8949 with Box A checked
(This Label is a Substitute for Boxes 1c & 6)**8** Description, **1d** Stock or Other Symbol, CUSIP

(IRS Form 1099-B box numbers are shown below in bold type)

Activity Type	1a Quantity Sold	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	Unadjusted Gain / Loss (-)	1f Accrued Market Discount	1g Wash Sale Loss Disallowed	4 Federal Income Tax Withheld	7 Loss Not Allowed Based on Amount in Box 1d
USA EXAMPLE / 556435200 / ABCPX										
Sale	84.881000	1/3/2020	1/31/2020	525.72	700.70	-174.98		174.98	0.00	
Sale	85.881000	2/11/2020	12/31/2020	894.88	600.00	294.88			0.00	
Sale	86.881000	3/17/2020	12/31/2020	905.30	689.42	215.88			0.00	
Sale	87.859000	4/3/2020	12/31/2020	915.49	713.23	202.26			0.00	
Sale	88.881000	5/1/2020	12/31/2020	926.14	898.75	27.39			0.00	
Sale	89.881000	5/14/2020	12/31/2020	936.56	900.12	36.44			0.00	
Subtotal	524.286000			5,104.09	4,502.22	601.87	0.00	174.98	0.00	
TOTALS				5,104.09	4,502.22	601.87	0.00	174.98	0.00	

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

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number PIEDMONT HEALTHCARE P.O. BOX 5498 YOUR CITY, STATE ZIP		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 20		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 58-000XXXX	RECIPIENT'S TIN 456-00-XXXX	1 Gross distribution \$ 80.00	2 Earnings on excess cont. \$	
RECIPIENT'S name MARTHA KEMPER		3 Distribution code 1	4 FMV on date of death \$	
Street address (including apt. no.) 8705 SKIDMORE WAY City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 6345789				

Form **1099-SA** (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number PIEDMONT HEALTHCARE P.O. BOX 5498 YOUR CITY, STATE ZIP		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020 \$		OMB No. 1545-1518 2020 Form 5498-SA		HSA, Archer MSA, or Medicare Advantage MSA Information Copy B For Participant This information is being furnished to the IRS.
PARTICIPANT'S TIN 58-000XXXX		2 Total contributions made in 2020 \$ 520.00		3 Total HSA or Archer MSA contributions made in 2021 for 2020 \$		
PARTICIPANT'S name MARTHA KEMPER		4 Rollover contributions \$		5 Fair market value of HSA, Archer MSA, or MA MSA \$ 2,440.00		
Street address (including apt. no.) 8705 SKIDMORE WAY City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>				
Account number (see instructions) 6345789						

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

Part I Recipient Information

1 Marketplace identifier YOUR STATE		2 Marketplace-assigned policy number 00123456789		3 Policy issuer's name OAKWOOD HEALTH CARE	
4 Recipient's name KENNETH KEMPER			5 Recipient's SSN 457-00-XXXX		6 Recipient's date of birth 07/11/1963
7 Recipient's spouse's name MARTHA KEMPER			8 Recipient's spouse's SSN 456-00-XXXX		9 Recipient's spouse's date of birth 05/24/1968
10 Policy start date 01/01/2020		11 Policy termination date 12/31/2020		12 Street address (including apartment no.) 8705 SKIDMORE WAY	
13 City or town YOUR CITY		14 State or province YS		15 Country and ZIP or foreign postal code YOUR ZIP	

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	KENNETH KEMPER	457-00-XXXX	07/11/1963	01/01/2020	12/31/2020
17					
18					
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	\$586.00	\$802.00	\$498.00
22 February	\$586.00	\$802.00	\$498.00
23 March	\$586.00	\$802.00	\$498.00
24 April	\$586.00	\$802.00	\$498.00
25 May	\$586.00	\$802.00	\$498.00
26 June	\$586.00	\$802.00	\$498.00
27 July	\$586.00	\$802.00	\$498.00
28 August	\$586.00	\$802.00	\$498.00
29 September	\$586.00	\$802.00	\$498.00
30 October	\$586.00	\$802.00	\$498.00
31 November	\$586.00	\$802.00	\$498.00
32 December	\$586.00	\$802.00	\$498.00
33 Annual Totals	\$7,032.00	\$9,624.00	\$5,976.00

Scenario 5: Test Questions

10. How much of Kenneth and Martha's state income tax refund is taxable?
- a. \$0
 - b. \$23
 - c. \$115
 - d. \$230
11. What are the advantages of completing the lump-sum Social Security worksheet for Kenneth?
- a. It reduces the taxable portion of Social Security benefits.
 - b. It reduces the amount of premium tax credit that must be repaid.
 - c. There is no benefit to completing the worksheet.
 - d. Both a and b
12. What is the taxable portion of Kenneth's Social Security? \$_____.
13. What is the total amount of adjustments on Form 8949, Part I, Line 2g? (Round to the nearest dollar.) \$_____.
14. How does the Distribution Code 2 on Kenneth's Form 1099-R affect their tax return?
- a. Kenneth must complete Form 5329 to claim an exception to the 10% penalty on early distributions because he is **not** age 59 1/2.
 - b. Kenneth must pay a 10% penalty on early distributions because he is **not** yet 59 1/2.
 - c. The payer has indicated that an exception to the 10% penalty on early distributions applies, and Kenneth does **not** need to complete Form 5329 to claim it.
 - d. The payer has indicated that an exception to the 10% penalty on early distributions applies, but Kenneth must still complete Form 5329 to claim it.
15. What is the amount of deductible contributions made to Martha's HSA in 2020?
- a. \$0
 - b. \$80
 - c. \$520
 - d. \$600

Scenario 6: John Cameron and Amy Camden

Directions

The completion of a tax return is not required for this scenario. A completed return is provided. Perform a quality review of the return, comparing the intake sheet and taxpayer source documents. Answer the questions following the scenario.

Interview Notes

- John and Amy are married.
- John is age 61, Amy is age 49. Neither are blind. John draws Social Security Disability income (SSDI) and tutors part time for extra cash. When asked about expenses, John stated that he spent \$200 on supplies for tutoring his students. Amy teaches preschool.
- Amy won \$5,000 at the local casino. She has \$4,900 in gambling losses.
- They have two sons, Brad and Craig, who live with them.
- Brad is 14 years old. John and Amy pay more than half the support for Brad.
- Craig is 21 years old, is not a full-time student, receives SSDI of \$10,000, and uses it to provide more than half of his own support. Craig is totally and permanently disabled.
- Amy has family coverage through a High Deductible Health Plan at work. She used a distribution from her HSA to pay for two pairs of prescription eyeglasses for Brad.
- John pays \$6,000 alimony to his ex-wife Kim. Their divorce was finalized October 10, 2004. Kim's Social Security number is 568-00-XXXX.
- John and Amy paid \$500 total in quarterly estimated tax payments.
- John and Amy received an Economic Impact Payment (EIP) of \$2,900 in 2020.
- John was a victim of identity theft and received an Identity Protection PIN from the IRS. The PIN is 654708.



Form 13614-C (October 2020)	Department of the Treasury - Internal Revenue Service <h2 style="margin: 0;">Intake/Interview & Quality Review Sheet</h2>	OMB Number 1545-1964											
<p>You will need:</p> <ul style="list-style-type: none"> 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. 													
<ul style="list-style-type: none"> 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. 													
<p>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</p>													
<p>Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)</p>													
1. Your first name JOHN	M.I.	Last name CAMERON	Daytime telephone number 123-555-1212	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2. Your spouse's first name AMY	M.I.	Last name CAMERON	Daytime telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
3. Mailing address 5219 SW EAST ST			Apt #	City WITCHITA FALLS									
			State TX	ZIP code 76306									
4. Your Date of Birth 06/07/1956	5. Your job title TUTOR		6. Last year, were you:										
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
				c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
7. Your spouse's Date of Birth 03/17/1971	8. Your spouse's job title PRESCHOOL TEACHER		9. Last year, was your spouse:										
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
				c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure													
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<p>Part II – Marital Status and Household Information</p>													
1. As of December 31, 2020, what was your marital status?													
<input type="checkbox"/> Never Married		(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)											
<input checked="" type="checkbox"/> Married		a. If Yes, Did you get married in 2020?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<input type="checkbox"/> Divorced		b. Did you live with your spouse during any part of the last six months of 2020?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Legally Separated		Date of final decree		_____									
<input type="checkbox"/> Widowed		Date of separate maintenance decree		_____									
		Year of spouse's death		_____									
2. List the names below of:													
<ul style="list-style-type: none"> everyone who lived with you last year (other than your spouse) anyone you supported but did not live with you last year 													
If additional space is needed check here <input type="checkbox"/> and list on page 3													
To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
BRAD CAMERON	02/07/2006	SON	12	YES	YES	S	YES	NO					
CRAIG CAMERON	09/09/1999	SON	12	YES	YES	S	NO	YES					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input checked="" type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input checked="" type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? <u>\$500</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 565-00-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 82-100XXXX				1 Wages, tips, other compensation 10,000.00		2 Federal income tax withheld \$990.00				
c Employer's name, address, and ZIP code STORYTIME CHILDCARE 432 MAIN STREET YOUR CITY, STATE ZIP				3 Social security wages 10,055.00		4 Social security tax withheld 623.41				
				5 Medicare wages and tips 10,055.00		6 Medicare tax withheld 145.80				
				7 Social security tips		8 Allocated tips				
d Control number				9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12 D 55.00		
f Employee's address and ZIP code AMY CAMDEN 5219 SW EAST ST WICHITA FALLS, TX 76306				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b W 1,200.00				
				14 Other		12c				
						12d				
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

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MILLIKEN TUTORING P.O. BOX 98765 YOUR CITY, YS, YOUR ZIP		OMB No. 1545-0116 2020 Form 1099-NEC		Nonemployee Compensation			
1 Nonemployee compensation \$ 1,500		2					
PAYER'S TIN 82-200XXXX	RECIPIENT'S TIN 564-00-XXXX	3		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
RECIPIENT'S name JOHN CAMERON		4 Federal income tax withheld \$					
Street address (including apt. no.) 5219 SW EAST ST.		5 State tax withheld \$				6 State/Payer's state no.	7 State income \$
City or town, state or province, country, and ZIP or foreign postal code WICHITA FALLS, TX 76306		FATCA filing requirement <input type="checkbox"/>					
Account number (see instructions)		5 State tax withheld \$		6 State/Payer's state no.	7 State income \$		

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

OMB No. 1545-0238

2020

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code PARKS CASINO 777 AUSTIN AVENUE YOUR CITY, STATE ZIP		1 Reportable winnings \$ 5,000.00	2 Date won 3/31/2020
PAYER'S federal identification number 82-300XXXX		3 Type of wager BINGO	4 Federal income tax withheld \$
PAYER'S telephone number 555-221-1212		5 Transaction	6 Race
WINNER'S name AMY CAMDEN		7 Winnings from identical wagers \$	8 Cashier VP
Street address (including apt. no.) 5219 SW EAST ST		9 Winner's taxpayer identification no. 565-00-XXXX	10 Window
City or town, province or state, country, and ZIP or foreign postal code WICHITA FALLS, TX 76306		11 First I.D.	12 Second I.D.
		13 State/Payer's state identification no.	14 State winnings \$
		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality

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

Signature ►

Date ►

Form **W-2G**

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JOHN CAMERON	Box 2. Beneficiary's Social Security Number 564-00-XXXX	
Box 3. Benefits Paid in 2020 \$12,564.00	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4) \$12,564.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by direct deposit = \$11,364		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withholding \$1,200.00
		Box 7. Address 5219 SW East St Wichita Falls, TX 76306
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2020 - Subject to Change

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number SUMMIT HEALTHCARE P.O. BOX 5498 YOUR CITY, STATE ZIP			OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 20	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 82-400XXXX	RECIPIENT'S TIN 565-00-XXXX	1 Gross distribution \$ 850.00	2 Earnings on excess cont. \$	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name AMY CAMDEN Street address (including apt. no.) 5219 SW EAST ST. City or town, state or province, country, and ZIP or foreign postal code WICHITA FALLS, TX 76306		3 Distribution code 1	4 FMV on date of death \$	
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 6345789				

Form **1099-SA** (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

DO NOT FILE

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number SUMMIT HEALTH CARE P.O. BOX 5498 YOUR CITY, STATE ZIP			OMB No. 1545-1518 Form 5498-SA	2020 HSA, Archer MSA, or Medicare Advantage MSA Information
TRUSTEE'S TIN 82-400XXXX		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020 \$	2 Total contributions made in 2020 \$ 1,200.00	Copy B For Participant This information is being furnished to the IRS.
PARTICIPANT'S name AMY CAMDEN Street address (including apt. no.) 5219 SW EAST ST City or town, state or province, country, and ZIP or foreign postal code WICHITA FALLS, TX 76306		3 Total HSA or Archer MSA contributions made in 2021 for 2020 \$	4 Rollover contributions \$	
Account number (see instructions) 6345789		5 Fair market value of HSA, Archer MSA, or MA MSA \$ 10,540.00	6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

John Cameron Amy Camden 5219 SW East Street Wichita Falls, TX 76306	1234
PAY TO THE ORDER OF	\$
	DOLLARS
Adelphi Bank and Trust Anytown, State 00000 For	
: 111000022 : 555600852	1234

VOID

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial JOHN	Last name CAMERON	Your social security number 564 00 XXXX
If joint return, spouse's first name and middle initial AMY	Last name CAMERON	Spouse's social security number 565 00 XXXX
Home address (number and street). If you have a P.O. box, see instructions. 5219 SW EAST ST		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. WITCHITA FALLS		State TX
Foreign country name		ZIP code 76306
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
CRAIG	CAMERON	567 00 XXXX	SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BRAD	CAMERON	656 00 XXXX	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	10,000
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	12,564
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	<input type="checkbox"/>
8 Other income from Schedule 1, line 9	8	1,600
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	11,600
10 Adjustments to income:		
a From Schedule 1, line 22	10a	200
b Charitable contributions if you take the standard deduction. See instructions	10b	
c Add lines 10a and 10b. These are your total adjustments to income	10c	200
11 Subtract line 10c from line 9. This is your adjusted gross income	11	11,400
12 Standard deduction or itemized deductions (from Schedule A)	12	26,100
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	26,100
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	55
24	Add lines 22 and 23. This is your total tax	24	55
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	990
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	990
26	2020 estimated tax payments and amount applied from 2019 return	26	50
27	Earned income credit (EIC)	27	3,409
28	Additional child tax credit. Attach Schedule 8812	28	1,125
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	4,534
33	Add lines 25d, 26, and 32. These are your total payments	33	5,574
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,519
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	35a	5,519
Direct deposit? See instructions.	b Routing number 1 1 1 0 0 0 0 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 5 5 6 0 0 8 5 2		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	02/22/21	TUTOR	5 6 4 7 0 8
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	02/22/21	PRESCHOOL TEACHER	<input type="text"/>

Phone no. **123-555-1212** Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		02/22/21	S12345678	<input type="checkbox"/> Self-employed
Firm's name PRACTICE LAB	Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005		Phone no. 202-202-2022	Firm's EIN <input type="text"/>

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOHN & AMY CAMERON

Your social security number
564-00-XXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ SEE STATEMENT	8	1,600
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	1,600

Part II Adjustments to Income

10	Educator expenses	10	200
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	200

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JOHN & AMY CAMERON

Your social security number
564-00-XXXX

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input checked="" type="checkbox"/> Instructions; enter code(s) <u>UT</u>	8	55
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	55

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

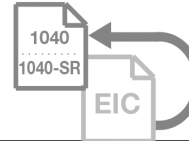
SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

JOHN & AMY CAMERON

Your social security number
564-00-XXXX

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	BRAD CAMERON					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	656-00-XXXX					
3 Child's year of birth <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year 2 0 0 6		Year _____		Year _____	
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	12 months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

For Paperwork Reduction Act Notice, see your tax

Cat. No. 13339M

Schedule EIC (Form 1040) 2020

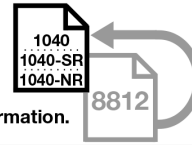
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

JOHN & AMY CAMERON

Your social security number

564-00-XXXX

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	2,500
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	2,500
4	Number of qualifying children under 17 with the required social security number: 1 x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	1,400
TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.			
5	Enter the smaller of line 3 or line 4	5	1,400
6a	Earned income (see instructions)	6a	10,000
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	7,500
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	1,125

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1,125
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 59761M

Schedule 8812 (Form 1040) 2020

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AMY CAMERON

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

565-00-XXXX

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3 7,100
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,100
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6 7,100
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,100
9	Employer contributions made to your HSAs for 2020	9 1,200
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,200
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 5,900
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a 850
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 850
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 850
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21

For Paperwork Reduction Act Notice, see your tax return instructions.

Supporting Statements for OTHER INCOME
Client : CAMERON

564-00-XXXX

<u>Description of Income</u>	<u>Amount</u>
TUTORING	1500
GAMBLING WINNINGS	100
<hr/>	<hr/>
TOTALS	1600

Scenario 6: Test Questions

16. Consider the following factors: Name, SSN, Birthdate, Age/Blindness section, Dependents section. Whose information is correct? **(Select all that apply):**
- a. John
 - b. Amy
 - c. Brad
 - d. Craig
 - e. None of the above
17. What are the correct amounts that should appear on the following lines from Form 1040, page 2: Other taxes, Federal income tax withheld (total), and 2020 estimated tax payments?
- a. \$55, \$990, and \$50
 - b. \$55, \$1,200, and \$50
 - c. \$184, \$2,190, and \$500
 - d. \$0, \$2,190, and \$500
18. What additional errors are found on Form 1040, page 2? **(Select all that apply.)**
- a. EIC is incorrect
 - b. Additional child tax credit is incorrect
 - c. Routing number is incorrect
 - d. Account number is incorrect
 - e. The taxpayer's IP PIN is incorrect
19. What are the correct values that should appear on the following lines from Schedule 1: Other income (line 8), Combine lines 1-8 (line 9), Educator expenses (line 10)?
- a. \$1,600, \$1,600, and \$200
 - b. \$100, \$1,400, and \$0
 - c. \$5,000, \$6,300, and \$0
 - d. \$5,000, \$6,500, and \$200
20. Why is there an amount on the "Taxes from:" line on Schedule 2 (line 8)?
- a. This is where James' self-employment tax on his tutoring income is reported.
 - b. The wrong code was used when entering Amy's 401(k) contribution on her Form W-2.
 - c. This is the additional tax on Amy's non-qualified HSA distributions.



Qualified Experienced Volunteer Retest

Directions

Read each question carefully and use your training and resource materials to answer the questions. All questions are based on calendar-year taxpayers.

Scenario 1: Donna and Becky Butler

Interview Notes

- Becky turned 18 years old in November 2020. She is a senior in high school. She has a son who was born in May of 2020. She lived with Donna, her mother, all year and the baby lived with them from birth.
- Becky works part-time and made about \$6,500 in 2020. She was saving the money for college, but she ended up spending it on the baby. Becky does not provide more than half of her own support.
- The baby's father, Thomas, pays \$250 per month in child support. Becky uses the money to pay for some of the baby's expenses. Thomas and Becky were never married and do not live together.
- Donna received a Form 1099-R showing \$20,000 with code 3 in Box 7. She was born in 1971. Donna also receives a widow's pension from Social Security in the amount of \$15,000. Donna's husband died in 2015 and she has not remarried. She paid all the remaining support and all the costs of keeping up the home for Becky and the baby.
- In 2020, Donna received an Economic Impact Payment (EIP) of \$1,200. Becky did not receive an EIP.
- Becky, Donna, Thomas, and the baby are all U.S. citizens with valid Social Security numbers.

Scenario 1: Retest Questions

1. Who is eligible to claim the baby as a dependent?
 - a. Thomas
 - b. Becky
 - c. Donna
 - d. Thomas, Becky, and Donna can choose among themselves who can claim the baby
2. Becky is eligible to claim the earned income credit.
 - a. True
 - b. False

3. The person eligible to claim the baby as a dependent can also claim a \$500 recovery rebate credit on their 2020 tax return.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. True
- b. False

Scenario 2: Clare Ellsworth and Her Parents

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes here and the accompanying Form 1098-T and Form W-2 on page 122 for the information needed to answer the questions that follow.

Interview Notes

- Clare is 21 years old and a full-time college junior majoring in nursing. She resides in the campus dorm when school is in session, but lives with her parents during the summer.
- Clare spent \$1,000 on books.
- Clare works at the Campus Pharmacy on weekends, but it doesn't cover all of her expenses. Clare received a Form W-2 from the Campus Pharmacy as shown in the test scenario.
- Clare's parents are providing the majority of her support.
- Clare has not been convicted of any felony.
- She also received Form 1098-T as shown on page 122. The Box 5 amount was an unrestricted scholarship.
- Clare and her parents came to the site to have their returns prepared. They want to maximize the tax benefits for the family.

Scenario 2: Retest Questions

4. If her parents optimize use of the American opportunity credit, Clare will include \$3,000 of her scholarship as taxable income.
 - a. True
 - b. False
5. Clare's scholarship income is considered earned income for the purpose of determining whether she must file a tax return.
 - a. True
 - b. False

Scenario 3: Genevieve Chabot

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes here and the accompanying Form 1099-R on page 124 for the information needed to answer the questions that follow.

Interview Notes

- Under a joint and survivor annuity, Genevieve is receiving widow's benefits from her deceased husband's pension. Genevieve's date of birth is 5/31/1965.
- Joe, Genevieve's husband, retired at age 60 on January 1, 2010 and began receiving his pension benefits immediately. He died in 2015.
- Genevieve received a Form 1099-R, as shown on page 124.
- Genevieve didn't bring last year's tax return and claims the full amount of the retirement distribution was taxed in previous years.
- Genevieve is a U.S. citizen with a valid Social Security number.

Scenario 3: Retest Questions

6. What age is used to compute the taxable amount of the pension using the simplified method?
 - a. 45
 - b. 55
 - c. 60
 - d. 104
7. Using the Simplified Method, you determine the taxable amount of the distribution is \$13,054. How much should be entered as the amount previously recovered in the simplified method worksheet? \$_____.

Scenario 4: Barbara Drake

Directions

This scenario does not require you to prepare a tax return. Refer to the interview notes here and accompanying Forms 1099-NEC and 1099-K on page 127 for the information needed to answer the questions that follow.

Interview Notes

- Barbara is a self-employed rideshare driver for Widget Ride Share.
- Barbara provided a statement from the ride share company that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the ride share business:
 - 5,775 miles driven while transporting customers
 - Ride share fee: \$1,200
 - Safe driver fee: \$50
 - Airport fee: \$115
 - GPS device fee: \$120
- Her recordkeeping application shows she also drove 3,225 miles between rides and 2,134 miles driven between her home and her first and last customer of the day. Barbara has a separate car for personal use. She bought and started using her second car for business on September 1, 2020. She kept receipts showing she spent \$129 on tolls and \$960 on gasoline.
- Barbara also provided the Form 1099-NEC and Form 1099-K that she received from Widget.

Scenario 4: Retest Questions

8. What is Barbara's total self-employment expense? \$_____.
9. Self-employment tax is Social Security and Medicare taxes collected primarily from individuals who work for themselves, similar to the Social Security and Medicare taxes withheld from the pay of most wage earners.
 - a. True
 - b. False

Scenario 5: Retest Questions

Directions

Refer to the scenario information for Kenneth and Martha Kemper, beginning on page 129.

10. The taxable amount of Kenneth and Martha's state income tax refund is \$230.
 - a. True
 - b. False

11. Using the lump-sum Social Security worksheet reduces both the taxable portion of Social Security benefits and the amount of premium tax credit that must be repaid.
 - a. True
 - b. False

12. The taxable portion of Kenneth's Social Security is \$26,317.
 - a. True
 - b. False

13. What is the total amount of adjustments on Form 8949, Part I, Line 2g?
 - a. \$175
 - b. \$427
 - c. \$602
 - d. \$777

14. Kenneth must pay a 10% penalty on his early retirement distribution.
 - a. True
 - b. False

15. Martha's HSA deduction is \$_____.

Scenario 6: Retest Questions

Directions

Refer to the scenario information for John Cameron and Amy Camden, beginning on page 139.

16. What is the correct treatment for the dependents section?
 - a. Brad is a dependent and qualifying child for CTC
 - b. Craig is a dependent and qualifying child for credit for other dependents
 - c. Craig is **not** a dependent but is a qualifying child for EIC
 - d. Both a and b
 - e. Both a and c

17. What is the correct total value that should appear on Form 1040, page 2, Federal income tax withheld? \$_____.

18. The EIC worksheet in the return is correct.
 - a. True
 - b. False

19. What is the correct amount for Schedule 1, Combine lines 1-8 (line 9)? \$_____.

20. What is the amount that should appear on the line labeled "Taxes from:" on Schedule 2 (line 8)? \$_____.



Military Course Scenarios and Test Questions

Directions

The first four scenarios do not require you to prepare a tax return. **Read the interview notes for the scenario carefully and use your training and resource materials to answer the questions.**

Military Scenario 1: Blaine Gill

Interview Notes

- Blaine Gill is single.
- Blaine is an artillery and missile crew member in the Marine Corps Reserve. He attended training drills one weekend a month for 12 months in 2020.
- Blaine only owns one vehicle. He placed his vehicle in service on June 3, 2019.
- Blaine's total mileage in 2020 was 22,500 miles.
- Blaine's duty station is 125 miles away from his residence. He drove 3,000 miles to and from his duty station based on his travel log.
- Blaine paid \$1,925 for lodging and \$1,326 for meals while attending training drills.
- Lodging and meals were within federal per diem rate for the area.
- Blaine paid \$195 for the cost and upkeep of his uniforms. He is permitted to perform civilian activities while wearing his uniform.
- Blaine did not receive reimbursement for any of his out-of-pocket expenses.

Military Scenario 1: Test Questions

1. Blaine is **not** able to take an adjustment to income for:
 - a. Lodging and meals
 - b. Travel to/from duty station
 - c. Uniforms
 - d. Both a and b

2. What is the deductible mileage expense?
 - a. \$510
 - b. \$1,725
 - c. \$3,445
 - d. \$12,938

Military Scenario 2: Will and Holly Clark

Interview Notes

- Will and Holly lived in San Antonio, TX where Will was stationed in the Air Force for three years. He received new orders to move to MacDill Air Force Base in Tampa, FL. This is a permanent change of station (PCS).
- They decided to make a Personally Procured Move (PPM).
- Will traveled to Tampa in June to find a home to rent for his family. They wanted to find a place with a good school district for their two kids. He spent \$900 on round-trip airfare, hotel, food, and rental car.
- Will and Holly spent \$175 on boxes, tape, bubble wrap, and mattress bags. They paid \$625 for the rental truck.
- On September 5, 2020, Will and Holly packed their belongings and began driving from San Antonio to Tampa. On the way, they made a side trip to visit relatives in Atlanta, GA. Their trip took a total of seven days and six nights instead of the authorized two nights for travel.
- The Clarks drove their rental truck a total of 2,200 miles. The shortest, most direct route from San Antonio to Tampa is 1,725 miles.
- They spent a total of \$150 for entrance fees to popular attractions in Atlanta, GA. The allowable lodging per diem was \$95 per night.
- Will and Holly spent \$700 on food and \$250 on souvenirs.
- They also spent \$325 on storage fees in Tampa for items that would not fit in their new home because it was smaller.
- Their move was estimated to cost \$1,800 and the Air Force provided \$1,620 in advance.
- Will and Holly are U.S. citizens and have valid Social Security numbers.

Military Scenario 2: Test Questions

3. The net financial gain from Will and Holly's move is **not** included as wages on Form 1040, U.S. Individual Income Tax Return.
 - a. True
 - b. False

4. The Clarks can deduct the cost of their side trip and house hunting trip as qualified moving expenses.
 - a. True
 - b. False

5. How many miles can Will and Holly use to calculate their qualified moving expenses? _____ miles.

6. How much can Will and Holly claim as their total qualified lodging expenses?
 - a. \$0
 - b. \$95
 - c. \$190
 - d. \$570

Military Scenario 3: Ania Ortiz

Interview Notes

- Ania Ortiz is a retired member of the U.S. Armed Forces.
- She received Form 1099-R from the Defense Finance & Accounting Service.
- Form 1099-R indicates \$25,000 in Box 1 and Box 2a.
- Ania is considered 100% disabled and received a letter of determination from the Department of Veterans Affairs (VA).
- She received a payment in the amount of \$9,700 from the VA for disability.

Military Scenario 3: Test Questions

7. The \$25,000 from the Defense Finance & Accounting Service is subject to which type of tax?
 - a. Federal income tax
 - b. Social Security tax
 - c. Medicare tax
 - d. None of the above
8. The VA does **not** issue Form 1099-R for disability payments.
 - a. True
 - b. False

Military Scenario 4: Jack and Ana Bryant

Interview Notes

- Jack and Ana Bryant are married and have a 10-year-old son who lived with Ana all year. The entire family lives in the U.S.
- Jack, Ana, and their son are all U.S. citizens and have valid Social Security numbers.
- Jack was deployed to Kuwait on May 15, 2020. His last day in the combat zone is scheduled for June 5, 2021.
- Jack's Form W-2 shows:
 - Box 1 = \$7,000
 - Box 12a = \$25,000, Code Q
- Ana's Form W-2 shows \$40,000 in Box 1. This is her only income.

Military Scenario 4: Test Questions

9. Jack and Ana can choose to exclude their combat pay for the purposes of calculating the earned income credit.
 - a. True
 - b. False
10. How many days do the Bryants have to file their 2020 tax return after Jack returns from the combat zone on June 5, 2021? _____ days.

Military Scenario 5: Carl and Queenie Stevens

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

- Carl and Queenie are married and want to file a joint return.
- Carl and Queenie have a 16-year-old son, Joseph, who lived with them the entire year.
- Carl was deployed to Albania and entered a combat zone on April 20, 2020. He is scheduled to return to the U.S. on April 15, 2021.
- Carl has rental property, which he placed into service in 2017.
- Rental property:
 - Carl is an active participant.
 - Single family residence at 1605 Babs Drive, Your City, Your State.
 - Purchased property: 06/03/2010.
 - Rented: 1/1/2020 – 12/31/2020.
 - Annual rental income: \$17,400.
 - Insurance: \$1,800.
 - Management fees: \$950.
 - Carl paid \$1,500 to fix a squeaky floor board, holes in the wall, a malfunctioning garage door, and caulk around tubs and sinks. He estimates his time for completing the repairs to be worth \$3,000, which is equivalent to professional electrician and plumber labor costs.
 - Real estate property tax: \$2,000.
 - Mortgage Interest: \$5,025.
 - Depreciation: \$3,300 (annual amount previously calculated by Carl and Queenie).
 - Carl did not make any payments that require him to file Form 1099.

- Carl and Queenie received a \$2,900 Economic Impact Payment (EIP) in April 2020.
- The Stevens did not itemize last year and do not have enough deductions to itemize this year.



Form 13614-C (October 2020)	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, 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.
- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 CARL	M.I.	Last name STEVENS	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name QUEENIE	M.I.	Last name STEVENS	Daytime telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 825 BROADWAY CT.		Apt #	City YOUR CITY	State YS
		ZIP code YOUR ZIP		
4. Your Date of Birth 03/20/1978	5. Your job title SOLDIER		6. Last year, were you:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth 10/25/1976	8. Your spouse's job title CUSTOMER SERVICE REP.		9. Last year, was your spouse:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married

Divorced

Legally Separated

Widowed

a. If Yes, Did you get married in 2020? Yes No

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

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

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

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
JOSEPH STEVENS	10/03/2004	SON	12	YES	YES	S	YES	NO					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 550-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 40-600XXXX		1 Wages, tips, other compensation 7,000.00	2 Federal income tax withheld 610.00			
c Employer's name, address, and ZIP code DFAS P.O. BOX 9999 IOWA CITY, IOWA 52240		3 Social security wages 31,500.00	4 Social security tax withheld 1,953.00			
		5 Medicare wages and tips 31,500.00	6 Medicare tax withheld 456.75			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. CARL STEVENS 825 BROADWAY CT. YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12 Q 24,500.00		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	40-600XXXX	7,000.00	420.00			

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 887-00-XXXX		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 34-600XXXX		1 Wages, tips, other compensation 12,500.00	2 Federal income tax withheld 1,500.00			
c Employer's name, address, and ZIP code GILMER CORP. 2250 DELTA AVE. YOUR CITY, YS ZIP		3 Social security wages 12,500.00	4 Social security tax withheld 775.00			
		5 Medicare wages and tips 12,500.00	6 Medicare tax withheld 181.25			
		7 Social security tips	8 Allocated tips			
d Control number		9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. QUEENIE STEVENS 825 BROADWAY CT. YOUR CITY, YS ZIP		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b			
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	34-600XXXX	12,500.00	750.00			

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Military Scenario 5: Test Questions

11. Carl can take a rental expense deduction for which of the following items?
- a. Depreciation
 - b. Repairs and Management fees
 - c. Value of his labor
 - d. Both a and b
12. What is the correct amount reported as wages on Form 1040, U.S Individual Income Tax Return?
- a. \$7,000
 - b. \$12,500
 - c. \$19,500
 - d. \$44,000
13. Rental income is reported on which schedule?
- a. Schedule C, Profit or Loss from Business
 - b. Schedule D, Capital Gains and Losses
 - c. Schedule E, Supplemental Income and Loss
 - d. Schedule F, Profit or Loss From Farming
14. Carl's combat pay is taxable.
- a. True
 - b. False
15. What is the amount of the Stevens' earned income credit?
- a. \$2,466
 - b. \$3,400
 - c. \$3,584
 - d. \$5,828



Military Course Retest Questions

Directions

The first four scenarios do not require you to prepare a tax return. **Read the interview notes for the scenario carefully and use your training and resource materials to answer the questions.**

Military Scenario 1: Blaine Gill

Interview Notes

- Blaine Gill is single.
- Blaine is an artillery and missile crew member in the Marine Corps Reserve. He attended training drills one weekend a month for 12 months in 2020.
- Blaine only owns one vehicle. He placed his vehicle in service on June 3, 2019.
- Blaine's total mileage in 2020 was 22,500 miles.
- Blaine's duty station is 125 miles away from his residence. He drove 3,000 miles to and from his duty station based on his travel log.
- Blaine paid \$1,925 for lodging and \$1,326 for meals while attending training drills.
- Lodging and meals were within federal per diem rate for the area.
- Blaine paid \$195 for the cost and upkeep of his uniforms. He is permitted to perform civilian activities while wearing his uniform.
- Blaine did not receive reimbursement for any of his out-of-pocket expenses.

Military Scenario 1: Retest Questions

1. The amount Blaine paid for the cost and upkeep of his uniforms are allowable as an adjustment to income.
 - a. True
 - b. False
2. Blaine must drive at least _____ miles one way to qualify for his reservist expenses as an adjustment to income.
 - a. 50
 - b. 75
 - c. 100
 - d. 125

Military Scenario 2: Will and Holly Clark

Interview Notes

- Will and Holly lived in San Antonio, TX where Will was stationed in the Air Force for three years. He received new orders to move to MacDill Air Force Base in Tampa, FL. This is a permanent change of station (PCS).
- They decided to make a Personally Procured Move (PPM).
- Will traveled to Tampa in June to find a home to rent for his family. They wanted to find a place with a good school district for their two kids. He spent \$900 on round-trip airfare, hotel, food, and rental car.
- Will and Holly spent \$175 on boxes, tape, bubble wrap, and mattress bags. They paid \$625 for the rental truck.
- On September 5, 2020, Will and Holly packed their belongings and began driving from San Antonio to Tampa. On the way, they made a side trip to visit relatives in Atlanta, GA. Their trip took a total of seven days and six nights instead of the authorized two nights for travel.
- The Clarks drove their rental truck a total of 2,200 miles. The shortest, most direct route from San Antonio to Tampa is 1,725 miles.
- They spent a total of \$150 for entrance fees to popular attractions in Atlanta, GA. The allowable lodging per diem was \$95 per night.
- Will and Holly spent \$700 on food and \$250 on souvenirs.
- They also spent \$325 on storage fees in Tampa for items that would not fit in their new home because it was smaller.
- Their move was estimated to cost \$1,800 and the Air Force provided \$1,620 in advance.
- Will and Holly are U.S. citizens and have valid Social Security numbers.

Military Scenario 2: Retest Questions

3. Will and Holly's net financial profit from the move will be reported on:
 - a. Form 1040, Schedule 1, Additional Income and Adjustments to Income.
 - b. Form 1040, Schedule C, Profit or Loss from Business.
 - c. Form W-2, Wage and Tax Statement.
 - d. None of the above. It doesn't need to be reported.

4. Which of the following are **not** qualified moving expenses for Will and Holly?
- a. Expenses that are reasonable for the circumstances of a move.
 - b. Expenses for stopovers, side trips, or pre-move house hunting.
 - c. Traveling expenses for the shortest, most direct route available from the former home to the new home.
 - d. Moving household goods and personal effects.
5. How much can Will and Holly claim for mileage? \$_____. (Round to the nearest dollar.)
- a. \$293
 - b. \$374
 - c. \$992
 - d. \$1,265
6. The Clarks can claim \$190 as their total qualified lodging expense.
- a. True
 - b. False

Military Scenario 3: Ania Ortiz

Interview Notes

- Ania Ortiz is a retired member of the U.S. Armed Forces.
- She received Form 1099-R from the Defense Finance & Accounting Service.
- Form 1099-R indicates \$25,000 in Box 1 and Box 2a.
- Ania is considered 100% disabled and received a letter of determination from the Department of Veterans Affairs (VA).
- She received a payment in the amount of \$9,700 from the VA for disability.

Military Scenario 3: Retest Questions

7. Which of the following documents are issued by the VA for disability payments?
 - a. Forms W-2 or 1099-R, depending on the type of disability.
 - b. Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
 - c. Form W-2, Wage and Tax Statement.
 - d. No tax form is required to be issued. However, Ania may receive a statement.
8. The disability payment of \$9,700 Ania received from the VA is taxable.
 - a. True
 - b. False

Military Scenario 4: Jack and Ana Bryant

Interview Notes

- Jack and Ana Bryant are married and have a 10-year-old son who lived with Ana all year. The entire family lives in the U.S.
- Jack, Ana, and their son are all U.S. citizens and have valid Social Security numbers.
- Jack was deployed to Kuwait on May 15, 2020. His last day in the combat zone is scheduled for June 5, 2021.
- Jack's Form W-2 shows:
 - Box 1 = \$7,000
 - Box 12a = \$25,000, Code Q
- Ana's Form W-2 shows \$40,000 in Box 1. This is her only income.

Military Scenario 4: Retest Questions

9. Married Filing Jointly is the most advantageous filing status for Jack and Ana.
 - a. True
 - b. False
10. Jack and Ana have _____ days to file their 2020 tax return after he returns from the combat zone.
 - a. 90
 - b. 105
 - c. 180
 - d. 285

Military Scenario 5: Retest Questions

Directions

Refer to the scenario information for Carl and Queenie Stevens beginning on page 168.

11. Carl and Queenie can claim \$14,575 as their total rental expenses on their joint return?
 - a. True
 - b. False

12. What is the correct amount reported as wages on Form 1040, U.S Individual Income Tax Return? \$_____.

13. The net rental income (rental income minus expenses) is figured using Schedule C and reported as rental income on Form 1040, Schedule 1, Additional Income and Adjustments to Income.
 - a. True
 - b. False

14. Combat pay _____.
 - a. Is reported on Form W-2, Box 12a, Code Q
 - b. Must be used to calculate the additional child tax credit
 - c. Can be used to calculate the earned income credit
 - d. All of the above

15. What is the amount of earned income credit Carl and Queenie are eligible to claim? \$_____.



International Course Scenarios and Test Questions

Directions

The first two scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

International Scenario 1: Todd and Audrey Hilliard

Interview Notes

- Todd and Audrey currently live in Thailand.
- They moved there on January 15, 2019 and currently rent a 3-bedroom apartment in Krabi. Audrey was transferred there for an indefinite period of time. Todd and Audrey intend to eventually return to the United States.
- Audrey is employed by a U.S.-based Fortune 500 company and Todd teaches English as a second language.
- Todd and Audrey returned to the U.S. for 14 days to attend a work conference in July of 2020. They also took a 14-day vacation to Singapore to stroll the waterfront promenade, botanical gardens, zoo, and other attractions in June 2020.
- Todd and Audrey are U.S. citizens and have valid Social Security numbers.
- Neither Todd nor Audrey work for the U.S. government.
- Todd and Audrey own a home in the U.S. It is vacant while they are overseas, but their neighbor checks on it for them.

International Scenario 1: Test Questions

1. The 14-day vacation to Singapore **cannot** be included when counting the 330 days required for the physical presence test.
 - a. True
 - b. False
2. Which test qualifies Todd and Audrey for the foreign earned income exclusion?
 - a. Bona fide residence test
 - b. Physical presence test
 - c. Both a and b
 - d. Neither a nor b – Todd and Audrey are **not** eligible to exclude their foreign earned income

International Scenario 2: Eric and Tamara Fisher

Interview Notes

- Eric and Tamara are married and live in Geneva, Switzerland.
- Eric is a U.S. citizen and has a valid Social Security number. Tamara is a citizen of Switzerland and has an ITIN for U.S. filing purposes.
- In 2015, Eric and Tamara chose to treat Tamara as a resident alien for tax purposes. This choice has never been suspended or ended.
- Eric and Tamara have a daughter, Kimberly, who was born on November 10, 2020. Kimberly is a U.S. citizen and has a valid Social Security number issued by the due date of the return, including extensions.
- When both of Tamara's parents died last year, her disabled brother Terry moved in with them. Terry is a citizen of Switzerland and has no income.
- Eric is employed by a Fortune 500 company and earned \$50,000.
- Tamara works as a part-time librarian and earned the equivalent of \$7,000 in U.S. dollars.
- Eric and Tamara provide all the financial support for Kimberly and Terry.

International Scenario 2: Test Questions

3. How should Tamara's income be treated on a Married Filing Jointly return?
 - a. Tamara's income does **not** need to be included on the return because it is paid by a library in Switzerland.
 - b. Tamara's income does **not** need to be included on the return because she only worked part time.
 - c. They do **not** have to file a return because their combined income is less than the foreign earned income exclusion limit.
 - d. Tamara's worldwide income must be reported on the return.
4. How can the Fishers decide to end their election to treat Tamara as a resident alien?
 - a. Revocation in writing
 - b. Death of either spouse
 - c. Divorce or Legal Separation
 - d. All of the above
5. The Fishers can claim the credit for other dependents for Terry.
 - a. True
 - b. False

6. On a Married Filing Jointly return, Eric and Tamara are able to claim which of the following credits for Kimberly?
- a. Child tax credit
 - b. Earned income credit
 - c. Neither a nor b
 - d. Both a and b

International Scenario 3: William Webster

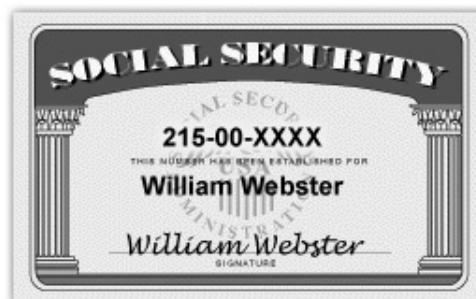
Directions

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

- William Webster is a U.S. citizen, single and has no children. He has lived and worked in Finland since February 1, 2012. He does not maintain an address in the U.S and has no intentions of returning.
- He considers himself a resident of Finland. He rents an apartment at 1001 Rakunnanjtie, 00550 Helsinki, Finland.
- Income:
 - William’s visa type: Unlimited.
 - William works at the U.S. Consulate and has a Form W-2 for his salary.
 - In 2020, William decided to get a part-time job as a barista at a local coffee shop, located at 32100 Bulevardi, 10000 Helsinki, Finland. William earned an equivalent of \$5,000 in wages and paid taxes totaling \$300 when converted to U.S. dollars. His taxes were paid to Finland as he earned his income.
 - William earned \$195 (converted to U.S. dollars) of interest at Nordian-Actavio Bank. He paid foreign tax to Finland on this interest income in the amount of 52.0 Euro. The exchange rate on the date he paid the tax was 1 U.S. Dollar (USD) = 0.909 Euro.
- William was not required to file FinCen Form 114 and he did not receive a distribution, was not a grantor of, nor was he a transferor to a foreign trust.
- William did not itemize in 2019 and does not have enough deductions to itemize in 2020.
- William received a \$1,200 Economic Impact Payment (EIP) in April 2020.



Intake/Interview & Quality Review Sheet

You will need:

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

• 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.

To report unethical behavior to the IRS, email us at wi.voltax@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 WILLIAM	M.I.	Last name WEBSTER	Daytime telephone number YOUR PHONE #	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 1001 RAKUNNANJIE		Apt #	City HELSINKI	State FINLAND ZIP code 00550
4. Your Date of Birth 11/15/1972	5. Your job title GOVERNMENT EMPLOYEE		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
			b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

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

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

To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify Foreign Income _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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 b. To purchase U.S. Savings Bonds c. To split your refund between different accounts
 Yes No Yes No 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
 No spouse
- 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 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 1545-1964. 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

		a Employee's social security number 215-00-XXXX		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 42-500XXXX				1 Wages, tips, other compensation 44,000.00		2 Federal income tax withheld 3,800.00				
c Employer's name, address, and ZIP code U.S. CONSULATE ITAINEN PUISTOTIE 14B 00140 HELSINKI, FINLAND				3 Social security wages 44,000.00		4 Social security tax withheld 2,728.00				
				5 Medicare wages and tips 44,000.00		6 Medicare tax withheld 638.00				
				7 Social security tips		8 Allocated tips				
d Control number				9		10 Dependent care benefits				
e Employee's first name and initial Last name Suff. WILLIAM WEBSTER 1001 RAKUNNANJIE 00550 HELSINKI, FINLAND				11 Nonqualified plans		12a See instructions for box 12 DD 3,520.00				
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

International Scenario 3: Test Questions

7. The amount of William's foreign earned income exclusion is \$_____.
8. Which of the following statements is **true**? William does **not** have to report his interest income from Nordian-Actavio Bank because:
- It qualifies for foreign earned income exclusion.
 - Taxes were already paid on the income.
 - Form 1099-INT was not issued.
 - None of the above. He must report his worldwide income, which includes his interest income.
9. Which sources of William's income are classified as passive category income?
- Wages from the U.S. Consulate
 - Wages from the coffee shop
 - Interest income from Nordian-Actavio Bank
 - None of the above
10. Which source of William's income qualifies for the foreign earned income exclusion?
- Wages from the U.S. Consulate
 - Wages from the coffee shop
 - Interest income from Nordian-Actavio Bank
 - None of the above
11. William does **not** meet the requirements of the bona fide residence test and **cannot** exclude his foreign earned income.
- True
 - False
12. Which of the following statements are **false**?
- William can take the foreign tax credit for the income taxes paid on his interest income from Nordian-Actavio Bank and has to file Form 1116, Foreign Tax Credit.
 - William can claim the foreign earned income exclusion of \$5,000 from his part-time job at the coffee shop. Therefore, he **cannot** take the foreign tax credit for the \$300 income taxes from his part-time job at the coffee shop.
 - William can claim both the foreign tax credit for the \$300 withholding taxes paid to Finland and exclude the \$5,000 foreign earned income from his part-time job at the coffee shop.
 - William has both passive and general foreign income.

13. William must include the amount of foreign tax paid to Finland as withheld federal income taxes.
- a. True
 - b. False
14. Which of the following statements is **true**?
- a. The foreign earned income exclusion is voluntary.
 - b. The election for foreign earned income exclusion is made by completing Form 2555, Foreign Earned Income.
 - c. Once the election is made to exclude foreign earned income, that choice remains in effect for that year and all later years until it is revoked.
 - d. All of the above.
15. What is the amount of foreign taxes paid on interest income, converted to U.S. dollars? \$_____. (Round to the nearest dollar).



International Course Retest Questions

Directions

The first two scenarios do not require you to prepare a tax return. **Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios.**

International Scenario 1: Todd and Audrey Hilliard

Interview Notes

- Todd and Audrey currently live in Thailand.
- They moved there on January 15, 2019 and currently rent a 3-bedroom apartment in Krabi. Audrey was transferred there for an indefinite period of time. Todd and Audrey intend to eventually return to the United States.
- Audrey is employed by a U.S.-based Fortune 500 company and Todd teaches English as a second language.
- Todd and Audrey returned to the U.S. for 14 days to attend a work conference in July of 2020. They also took a 14-day vacation to Singapore to stroll the waterfront promenade, botanical gardens, zoo, and other attractions in June 2020.
- Todd and Audrey are U.S. citizens and have valid Social Security numbers.
- Neither Todd nor Audrey work for the U.S. government.
- Todd and Audrey own a home in the U.S. It is vacant while they are overseas, but their neighbor checks on it for them.

International Scenario 1: Retest Questions

1. When calculating the 330 full days in a foreign country for the physical presence test, how is the 14-day vacation treated?
 - a. The first and last days of the trip do **not** count as days spent in a foreign country.
 - b. Only 7 of the 14 days count as days spent in a foreign country.
 - c. None of the days are counted as days spent in a foreign country.
 - d. All of the days are counted as days spent in a foreign country.
2. In order for Todd and Audrey to exclude their foreign earned income, they must _____.
 - a. Demonstrate that their tax home is in a foreign country.
 - b. Meet the physical presence test.
 - c. Have income that qualifies as foreign earned income.
 - d. All of the above.

International Scenario 2: Eric and Tamara Fisher

Interview Notes

- Eric and Tamara are married and live in Geneva, Switzerland.
- Eric is a U.S. citizen and has a valid Social Security number. Tamara is a citizen of Switzerland and has an ITIN for U.S. filing purposes.
- In 2015, Eric and Tamara chose to treat Tamara as a resident alien for tax purposes. This choice has never been suspended or ended.
- Eric and Tamara have a daughter, Kimberly, who was born on November 10, 2020. Kimberly is a U.S. citizen and has a valid Social Security number issued by the due date of the return, including extensions.
- When both of Tamara's parents died last year, her disabled brother Terry moved in with them. Terry is a citizen of Switzerland and has no income.
- Eric is employed by a Fortune 500 company and earned \$50,000.
- Tamara works as a part-time librarian and earned the equivalent of \$7,000 in U.S. dollars.
- Eric and Tamara provide all the financial support for Kimberly and Terry.

International Scenario 2: Retest Questions

3. Neither spouse wishes to revoke their election to treat Tamara as a resident alien. What are Eric and Tamara's filing status options this year?
 - a. They must file Married Filing Jointly.
 - b. They must file Married Filing Separately.
 - c. They can choose Married Filing Jointly or Married Filing Separately.
 - d. Eric can choose to file as Single and Tamara does **not** have to file at all.
4. If Eric and Tamara file a joint return, Tamara's income is **not** included on the return because it was paid by a library based in Switzerland.
 - a. True
 - b. False

5. On a Married Filing Jointly return, can Eric and Tamara claim the credit for other dependents for Terry?
- a. Yes, because Terry is a dependent but **not** a qualifying child for the child tax credit.
 - b. No, because Terry is **not** a U.S. citizen, U.S. resident alien, U.S. national, or resident of Canada or Mexico.
6. Kimberly is a qualifying child for the child tax credit on the Fisher's return.
- a. True
 - b. False

International Scenario 3: Retest Questions

Directions

Refer to the scenario information for William Webster, beginning on page 184.

7. What is the maximum amount of foreign earned income excluded from William's tax return?
 - a. \$0
 - b. \$5,000
 - c. \$44,000
 - d. \$49,000

8. William is required to report the \$195 of interest from Nordan-Actavio Bank.
 - a. True
 - b. False

9. General category income consists of income earned in a foreign country that an individual does **not** exclude, or excludes only part of, under the foreign earned income exclusion.
 - a. True
 - b. False

10. William is **not** able to exclude his wages from the U.S. Consulate even though he earned them in a foreign country.
 - a. True
 - b. False

11. What eligibility requirements must William meet in order to be eligible to exclude his foreign earned income?
 - a. His tax home must be in a foreign country.
 - b. He must meet the bona fide residence test or physical presence test.
 - c. He must have income that qualifies as foreign earned income.
 - d. All of the above.

12. William is **not** required to file Form 1116, Foreign Tax Credit, to take the foreign tax credit.
 - a. True
 - b. False

- 13.** What is the amount of federal income tax withheld on William's Form 1040?
- a. \$3,800
 - b. \$4,100
 - c. \$4,157
 - a. \$7,166
- 14.** If William qualifies to exclude his foreign earned income, he must file a Form 2555, Foreign Earned Income, each year with his tax return.
- a. True
 - b. False
- 15.** To convert a sum of money into U.S. dollars, divide the amount of foreign currency by the exchange rate for the foreign currency to one U.S. dollar.
- a. True
 - b. False



Federal Tax Law Update Test for Circular 230 Professionals

Directions

The first four scenarios do not require you to prepare a tax return. Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios. All questions are based on calendar-year taxpayers.

Scenario 1: Herb and Alice Freeman

Interview Notes

- Herb and Alice are married and file a joint return. Herb is 74 years old. Alice turned 70 on February 3, 2020. Neither are blind.
- Herb is a retired school teacher, but continues to work part-time as a substitute teacher. Alice is retired.
- Herb earned \$15,000 in wages. They also receive pension and Social Security income and sold some stock. Their combined AGI is \$45,000.
- Both Herb and Alice are U.S. citizens and have valid Social Security numbers.

Scenario 1: Test Questions

1. What is the maximum contribution Herb and Alice can make to their traditional IRAs?
 - a. \$0 because Herb and Alice are both over 70 ½
 - b. \$6,000 for Herb and \$6,000 for Alice
 - c. \$7,000 for Herb, because he is over 50, and \$0 for Alice because she had no earnings
 - d. \$7,000 for Herb and \$7,000 for Alice
2. When must Herb and Alice take their required minimum distributions (RMDs)?
 - a. Herb and Alice must each take their RMDs by December 31, 2020.
 - b. Herb must take his RMD by December 31, 2020. Alice can wait until April 1, 2021 to take her first RMD and must take her second RMD by December 31, 2021.
 - c. Herb does **not** need to take an RMD for 2020. Alice must take her first RMD by December 31, 2022.
 - d. Herb does **not** need to take an RMD for 2020. Alice must take her first RMD by April 1, 2023 and her second RMD by December 31, 2023.
3. What is Herb and Alice's standard deduction? \$_____.

Scenario 2: Chloe Carlow

Interview Notes

- Chloe, age 48, divorced her husband in 2017.
- Chloe's 8 year old grandson, Marcus, has been living with her since his parents were incarcerated in August 2019. Chloe provided all the support for Marcus in 2020.
- Chloe was laid off when her employer closed the business due to the COVID-19 crisis. Chloe received unemployment income, but to make ends meet, she took \$9,000 out of her IRA when she lost her job. She spent the money on household bills and food.
- Chloe received an Economic Impact Payment (EIP) of \$1,200 in 2020.
- Chloe and Marcus are both U.S. citizens and have valid Social Security numbers. No one else lives in the household with them.

Scenario 2: Test Questions

4. Chloe never tested positive for COVID-19, so she must pay the 10% additional tax on the early distribution from her IRA.
 - a. True
 - b. False

5. Chloe did not receive an additional EIP amount for Marcus. What can she do?

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. Chloe does **not** qualify for the recovery rebate credit for Marcus because she is his grandmother.
- b. Chloe was eligible for the EIP for Marcus, and she should have received it before December 31, 2020. It is now too late to receive it.
- c. Chloe can claim Marcus as a dependent and claim \$500 as a recovery rebate credit on her 2020 tax return.
- d. Marcus can qualify for his own recovery rebate credit if Chloe doesn't claim him as her dependent.

Scenario 3: Luther and Lexi Lincoln

Interview Notes

- Luther and Lexi are married and file a joint return.
- Luther was enrolled in employer-sponsored family coverage through a high deductible health plan (HDHP) for all of 2020. His monthly premiums are \$300.
- In 2020, Luther contributed \$1,700 to his Health Savings Account (HSA). Of that amount, \$1,200 was made pre-tax through his employer's cafeteria plan and he made the remaining \$500 contribution by electronic deposit into the HSA from his checking account. His employer sent Form W-2 reporting \$1,200 in Box 12a, with code W.
- Luther received a Form 1099-SA showing a distribution from his HSA of \$230. Luther did not have any medical expenses for the year. Lexi paid \$80 to the dentist for a filling, and \$150 for lab work ordered during her physical.
- Luther and Lexi felt fortunate to have good jobs when so many people in their community were out of work, so they donated \$250 by check to their local food bank. The food bank is a qualified organization and provided Luther and Lexi with a written acknowledgment of their donation. They contributed \$20 in cash to a fundraiser for a local child's cancer treatments. They also donated clothing in good condition with fair market value of \$100 to Goodwill. They have a receipt for the donation.
- Luther and Lexi are U.S. citizens with valid Social Security numbers. They do not have enough expenses to itemize their deductions.

Scenario 3: Test Questions

6. What amount can Luther take as an HSA deduction?
 - a. \$0
 - b. \$500
 - c. \$1,200
 - d. \$1,700
7. How much of the Form 1099-SA amount is taxable?
 - a. \$0 because they had qualified medical expenses of \$230
 - b. \$80 because the lab test is a qualified medical expense but the dental work is **not**
 - c. \$150 because the dental work is a qualified medical expense but the lab test is **not**
 - d. \$230 because Luther can't use money from his HSA to pay for Lexi's medical expenses

8. How much can Luther and Lexi deduct for their charitable donations?
- a. \$0 because they do **not** have enough expenses to itemize
 - b. \$250 as an above-the-line charitable contribution adjustment
 - c. \$270 as an above-the-line charitable contribution adjustment
 - d. \$300 as an above-the-line charitable contribution adjustment
 - e. \$350 as an above-the-line charitable contribution adjustment

Scenario 4: Kendall King

Interview Notes

- Kendall is single and has no dependents. He is a self-employed rideshare driver for Widget Ride Share.
- Kendall provided a statement from the ride share company that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the ride share business:
 - 42,157 miles driven while transporting customers
 - Ride share fee: \$2,000
 - Airport fee: \$365
 - GPS device fee: \$120
- His recordkeeping application shows he also drove 4,873 miles between rides and 2,134 miles driven between his home and his first and last customer of the day. Kendall started using his car for business on September 1, 2019. He kept receipts showing he spent \$150 on tolls and \$2,761 on gasoline.
- Kendall also provided the Form 1099-NEC and Form 1099-K that he received from Widget. See Form 1099-NEC and Form 1099-K included with this scenario.
- Kendall tested positive for COVID-19 and was required to self-quarantine from April 6 through April 24. As a result, he could not work during that time.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Widget Ride Share 567 Alvin Avenue YOUR CITY, YS, YOUR ZIP		OMB No. 1545-0116 2020 Form 1099-NEC	Nonemployee Compensation	
PAYER'S TIN 20- 400XXXX		RECIPIENT'S TIN 345-00-XXXX	1 Nonemployee compensation \$ 5,500.00	
RECIPIENT'S name KENDALL KING		2		
Street address (including apt. no.) 842 LAREDO LANE		3		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YS, YOUR ZIP		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$
FATCA filing requirement <input type="checkbox"/>				

**Copy B
For Recipient**

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

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WIDGET RIDE SHARE 567 ALVIN AVENUE YOUR CITY, STATE ZIP		FILER'S TIN 20-400XXXX	PAYEE'S TIN 345-00-XXXX	OMB No. 1545-2205 2020 Form 1099-K	Payment Card and Third Party Network Transactions	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 32,876.00	1b Card Not Present transactions \$	2 Merchant category code
PAYEE'S name KENDALL KING		3 Number of payment transactions 1,287		4 Federal income tax withheld \$		<p>Copy B For Payee</p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.</p>
Street address (including apt. no.) 842 LAREDO LANE		5a January \$ 2,740.00	5b February \$ 3,100.00	5c March \$ 3,400.00	5d April \$ 1,380.00	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP		5e May \$ 3,040.00	5f June \$ 3,050.00	5g July \$ 2,885.00	5h August \$ 2,902.00	
PSE'S name and telephone number		5i September \$ 2,323.00	5j October \$ 3,003.00	5k November \$ 2,657.00	5l December \$ 2,396.00	
Account number (see instructions)		6 State		7 State identification no.	8 State income tax withheld \$	

Form **1099-K** (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

Scenario 4: Test Questions

9. What is Kendall's total self-employment expense?
- a. \$27,042
 - b. \$29,527
 - c. \$29,677
 - d. \$30,904
10. Kendall's expenses exceed \$25,000. Is this return in scope for VITA/TCE for tax year 2020?
- a. Yes
 - b. No
11. Does Kendall qualify for any additional tax benefit as a result of his lost income due to his COVID-19 quarantine?
- a. No, he is **not** eligible because he is **not** an employer.
 - b. No, he is **not** eligible because he did **not** lose his job.
 - c. Yes, he is eligible for the credit for sick leave for certain self-employed individuals.
 - d. Yes, he is eligible for the credit for family leave for certain self-employed individuals.

Return Preparation: Siena Spelman

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

- Siena is 38 years old and unmarried.
- Siena had her first child, Wilson, in June 2020.
- Quincy, Siena's brother, moved in with her in May to help her out around the house. Quincy was unemployed for most of the year, but received a Form W-2 for \$4,578 in wages.
- This year, Siena had the following expenses:
 - Mortgage interest, mortgage insurance, and real estate tax reported on Form 1098
 - Personal property tax of \$250
 - Medical expenses of \$1,500
 - Cash contributions to charity of \$1,600
 - Clothing and furniture in good used condition with fair market value (FMV) of \$300
 - Unreimbursed mileage driven for work at the standard mileage rate = \$1,350
 - Renovations made to Wilson's nursery for \$500
- Siena received a Form 1099-R for a distribution from her IRA that she took shortly after Wilson's birth to pay for his expenses.
- Siena paid all the costs of keeping up the home and support for both Quincy and Wilson.
- Siena received an Economic Impact Payment (EIP) of \$1,200 in 2020.
- Siena, Quincy, and Wilson are all U.S. citizens and have valid Social Security numbers.



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.

- 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.
To report unethical behavior to the IRS, email us at wi.voltax@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 SIENA	M.I.	Last name SPELMAN	Daytime telephone number 404-555-4567	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 1551 CONCORD CIRCLE		Apt #	City YOUR CITY	State YS ZIP code YOUR ZIP
4. Your Date of Birth 04/04/1982	5. Your job title MANAGER		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
 Married a. If Yes, Did you get married in 2020? Yes No
 Divorced Date of final decree _____
 Legally Separated Date of separate maintenance decree _____
 Widowed Year of spouse's death _____

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

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

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, 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 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
WILSON SPELMAN	06/20/2020	SON	6	YES	YES	S	NO	NO					
QUINCY SPELMAN	03/04/1984	BROTHER	7	YES	YES	S	NO	NO					

Check appropriate box for each question in each section			
Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input checked="" type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input checked="" type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input checked="" type="checkbox"/> (A) Mortgage Interest (Form 1098) <input checked="" type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input checked="" type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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
- 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
 No spouse
- 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 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 1545-1964. 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

a Employee's social security number 601-00-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile							
b Employer identification number (EIN) 20-900XXXX				1 Wages, tips, other compensation 45,000.00		2 Federal income tax withheld 4,500.00									
c Employer's name, address, and ZIP code DUKE, DILLARD AND DUQUESNE 143 ROCK ROAD YOUR CITY, STATE ZIP				3 Social security wages 48,250.00		4 Social security tax withheld 2,991.50									
				5 Medicare wages and tips 48,250.00		6 Medicare tax withheld 699.63									
				7 Social security tips		8 Allocated tips									
d Control number				9		10 Dependent care benefits									
e Employee's first name and initial Last name Suff. SIENA SPELMAN 1551 CONCORD CIRCLE YOUR CITY, STATE ZIP				11 Nonqualified plans		12a See instructions for box 12 D 3,250.00									
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 5,356.00									
				14 Other		12c									
						12d									
f Employee's address and ZIP code				15 State Employer's state ID number YS 123456-7		16 State wages, tips, etc. 45,000.00		17 State income tax 3,900.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020** Department of the Treasury—Internal Revenue Service
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. CALDWELL COUNTY FCU CUSTODIAN FOR THE IRA OF SIENA SPELMAN 765 BELMONT PLACE YOUR CITY, YS ZIP		1 Gross distribution \$ 4,500.00		OMB No. 1545-0119		2020		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
2a Taxable amount \$ 4,500.00		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>						Form 1099-R	
PAYER'S TIN 21-000XXXX		RECIPIENT'S TIN 601-00-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 IRS.			
RECIPIENT'S name SIENA SPELMAN				5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$					
Street address (including apt. no.) 1551 CONCORD CIRCLE				7 Distribution code(s) 1		8 Other \$ %					
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, STATE ZIP				9a Your percentage of total distribution %		9b Total employee contributions \$					
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
Account number (see instructions)				13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ATHENS BANK 798 FAIRMONT CIRCLE YOUR CITY, YS ZIP		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 2020 Form 1098	Mortgage Interest Statement Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payer(s)/borrower(s)* \$ 4,500.00		2 Outstanding mortgage principal \$ 145,240		3 Mortgage origination date 01/27/2019	
RECIPIENT'S/LENDER'S TIN 20-800XXXX	PAYER'S/BORROWER'S TIN 601-00-XXXX	4 Refund of overpaid interest \$		5 Mortgage insurance premiums \$ 480.00	
PAYER'S/BORROWER'S name SIENA SPELMAN		6 Points paid on purchase of principal residence \$			
Street address (including apt. no.) 1551 CONCORD CIRCLE		7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YS ZIP		8 Address or description of property securing mortgage (see instructions)			
9 Number of properties securing the mortgage 1	10 Other REAL ESTATE TAXES PAID = \$2,100.00				
Account number (see instructions)		11 Mortgage acquisition date			

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



Return Preparation Scenario: Test Questions

12. Which of the following is **true** for Siena?
- a. She has only \$13,130 in itemized deductions, so she will take her standard deduction of \$18,650 instead.
 - b. She has \$13,130 in itemized deductions, which is higher than her standard deduction of \$12,400.
 - c. She has only \$14,630 in itemized deductions, so she will take her standard deduction of \$18,650 instead.
 - d. She will claim \$16,480 in itemized deductions.
13. Siena must pay an additional tax on the early withdrawal from her IRA of \$450.
- a. True
 - b. False
14. Does Siena have the option to recontribute the \$4,500 distribution from her IRA as a rollover contribution?
- a. No, the 60-day rollover period has expired.
 - b. Yes, she has 3 years to recontribute the entire amount.
 - c. No, she can only make new contributions to her IRA.
 - d. Yes, any time after receiving the distribution, Siena may recontribute any portion of the distribution as a rollover contribution.
15. Quincy is Siena's qualifying relative dependent.
- a. True
 - b. False



Federal Tax Law Update Retest for Circular 230 Professionals

Directions

The first four scenarios do not require you to prepare a tax return. Read the interview notes for each scenario carefully and use your training and resource materials to answer the questions after the scenarios. All questions are based on calendar-year taxpayers.

Scenario 1: Herb and Alice Freeman

Interview Notes

- Herb and Alice are married and file a joint return. Herb is 74 years old. Alice turned 70 on February 3, 2020. Neither are blind.
- Herb is a retired school teacher, but continues to work part-time as a substitute teacher. Alice is retired.
- Herb earned \$15,000 in wages. They also receive pension and Social Security income and sold some stock. Their combined AGI is \$45,000.
- Both Herb and Alice are U.S. citizens and have valid Social Security numbers.

Scenario 1: Retest Questions

1. Herb and Alice **cannot** make contributions to their traditional IRAs because they are both over 70 ½.
 - a. True
 - b. False
2. Alice must take her first required minimum distribution (RMD) by April 1, and her second RMD by December 31, of what year_____?
3. Herb and Alice's standard deduction is:
 - a. \$24,800
 - b. \$26,100
 - c. \$27,400
 - d. \$28,100

Scenario 2: Chloe Carlow

Interview Notes

- Chloe, age 48, divorced her husband in 2017.
- Chloe's 8 year old grandson, Marcus, has been living with her since his parents were incarcerated in August 2019. Chloe provided all the support for Marcus in 2020.
- Chloe was laid off when her employer closed the business due to the COVID-19 crisis. Chloe received unemployment income, but to make ends meet, she took \$9,000 out of her IRA when she lost her job. She spent the money on household bills and food.
- Chloe received an Economic Impact Payment (EIP) of \$1,200 in 2020.
- Chloe and Marcus are both U.S. citizens and have valid Social Security numbers. No one else lives in the household with them.

Scenario 2: Retest Questions

4. Chloe qualifies for an exception to the 10% additional tax on the early distribution from her IRA because she was a qualified individual adversely impacted by the coronavirus.
 - a. True
 - b. False
5. Chloe can claim Marcus as a dependent and claim a \$500 recovery rebate credit on her 2020 tax return.

Note: Congress may have enacted additional legislation that will affect taxpayers after this publication went to print. Please answer questions based on the information provided in Publication 4491, VITA/TCE Training Guide and Publication 4012, VITA/TCE Resource Guide.

- a. True
- b. False

Scenario 3: Luther and Lexi Lincoln

Interview Notes

- Luther and Lexi are married and file a joint return.
- Luther was enrolled in employer-sponsored family coverage through a high deductible health plan (HDHP) for all of 2020. His monthly premiums are \$300.
- In 2020, Luther contributed \$1,700 to his Health Savings Account (HSA). Of that amount, \$1,200 was made pre-tax through his employer's cafeteria plan and he made the remaining \$500 contribution by electronic deposit into the HSA from his checking account. His employer sent Form W-2 reporting \$1,200 in Box 12a, with code W.
- Luther received a Form 1099-SA showing a distribution from his HSA of \$230. Luther did not have any medical expenses for the year. Lexi paid \$80 to the dentist for a filling, and \$150 for lab work ordered during her physical.
- Luther and Lexi felt fortunate to have good jobs when so many people in their community were out of work, so they donated \$250 by check to their local food bank. The food bank is a qualified organization and provided Luther and Lexi with a written acknowledgment of their donation. They contributed \$20 in cash to a fundraiser for a local child's cancer treatments. They also donated clothing in good condition with fair market value of \$100 to Goodwill. They have a receipt for the donation.
- Luther and Lexi are U.S. citizens with valid Social Security numbers. They do not have enough expenses to itemize their deductions.

Scenario 3: Retest Questions

6. What amount can Luther take as an HSA deduction? \$_____.
7. None of the HSA distribution is taxable because the entire amount was used to pay qualified medical expenses.
 - a. True
 - b. False
8. How much of Luther and Lexi's charitable donations are deductible on their federal return? \$_____.

Scenario 4: Kendall King

Interview Notes

- Kendall is single and has no dependents. He is a self-employed rideshare driver for Widget Ride Share.
- Kendall provided a statement from the ride share company that indicated the amount of mileage driven and fees paid for the year. These fees are considered ordinary and necessary for the ride share business:
 - 42,157 miles driven while transporting customers
 - Ride share fee: \$2,000
 - Airport fee: \$365
 - GPS device fee: \$120
- His recordkeeping application shows he also drove 4,873 miles between rides and 2,134 miles driven between his home and his first and last customer of the day. Kendall started using his car for business on September 1, 2019. He kept receipts showing he spent \$150 on tolls and \$2,761 on gasoline.
- Kendall also provided the Form 1099-NEC and Form 1099-K that he received from Widget. See Form 1099-NEC and Form 1099-K included with the test scenario on page 202.
- Kendall tested positive for COVID-19 and was required to self-quarantine from April 6 through April 24. As a result, he could not work during that time.

Scenario 4: Retest Questions

9. What is Kendall's total self-employment expense? \$_____.
10. Kendall's expenses exceed the scope for VITA/TCE for tax year 2020.
 - a. True
 - b. False
11. Kendall is eligible for the credit for sick leave for certain self-employed individuals.
 - a. True
 - b. False

Return Preparation Scenario: Retest Questions

Directions

Read the information for Siena Spelman beginning on page 204.

12. What is Siena's standard or itemized deduction on her tax return? \$_____.
13. Siena must pay an additional tax on the early withdrawal from her IRA of:
 - a. \$0
 - b. \$270
 - c. \$300
 - d. \$450
14. Siena has the option to recontribute any portion of the IRA distribution that she took to pay for Wilson's expenses as a rollover contribution.
 - a. True
 - b. False
15. How many dependents may Siena claim?
 - a. 0, neither Wilson nor Quincy qualifies
 - b. 1, only Wilson qualifies
 - c. 1, only Quincy qualifies
 - d. 2, both Wilson and Quincy qualify



2020 VITA/TCE Foreign Student Test for Volunteers

Welcome to the Link & Learn Taxes Foreign Student Test. The test requires you to prepare four tax returns using Form 1040-NR and/or Form 8843 and then answer 50 online questions. You must successfully complete the test at an overall 80% proficiency to earn VITA/TCE certification.

Please complete this test on your own for an accurate assessment of your skills and knowledge. You may use any reference materials available to you as a volunteer to complete this test.

Volunteers who use tax preparation software to complete the test need to make sure they are using the final 2020 version.

Residency Status, Form 8843, and Filing Status

Introduction

This section of the VITA/TCE certification Foreign Student test covers determining residency status, the use of Form 8843, and filing status. It consists of 13 true/false questions and 4 scenario-based multiple choice questions.

Allow approximately 20 minutes to complete this segment.

1. Hiep entered the U.S. on August 20, 2017 in F-1 immigration status. He had never been to the United States before and he did not change immigration status during 2020. For federal income tax purposes, Hiep is a resident alien for 2020.
 - a. True
 - b. False

2. Lisa is a visiting professor at the local university. Lisa was a graduate student from August 2016 to May 2018 in F-1 immigration status. She re-entered the United States as a teacher on December 20, 2019 in J-1 immigration status. For federal income tax purposes, Lisa is a nonresident alien for 2020.
 - a. True
 - b. False

3. Thomas served as a visiting scholar in F-1 immigration status from December 2015 through June 2017. In January of 2020, Thomas returned to the United States as a graduate student. For federal income tax purposes, Thomas is a resident alien for 2020.
 - a. True
 - b. False

4. Harry came to the United States in F-2 immigration status with his wife on August 20, 2018. He has not changed his immigration status. For federal income tax purposes, Harry is a resident alien for 2020.
 - a. True
 - b. False

5. Alice lived with her parents in F-2 immigration status in the United States from August 2010 to June 2012. She returned to the U.S. to attend college in F-1 immigration status on May 1, 2018. Alice does not need to file Form 8843 for 2020.
 - a. True
 - b. False

6. Rajaa entered the United States on August 10, 2018 in J-1 student immigration status. On December 2, 2019, her husband Aarav joined her in J-2 immigration status. Aarav must file Form 8843 for 2020.
- True
 - False
7. Rajaa and Aarav from Question 6 had a child while here in the U.S. on July 4, 2020. Rajaa and Aarav need to file Form 8843 for their child for 2020.
- True
 - False
8. Maria and Raul have been in the U.S. in F-1 immigration status, since August 2015. Their 8-year-old son, José, joined them under F-2 status in May 2020. Maria and Raul must file Form 8843 for José for 2020.
- True
 - False
9. Lorene is from North Macedonia and is a Ph.D. student in neurobiology who is going to defend her dissertation in June. She arrived in the U.S. as a student on May 28, 2019. Lorene is a nonresident alien for tax purposes in 2020.
- True
 - False
10. Vito is a junior majoring in public health administration. He is in the U.S. in F-1 immigration status from India. He transferred from an Indian school and arrived in the U.S. on September 1, 2017. Vito worked in a lab on campus and as a summer intern for a company in New York. He will graduate in May, 2021. The company issued him a Form 1099-NEC.
- For tax purposes, Vito is still considered a nonresident alien even though the company issued him a Form 1099-NEC.
- True
 - False
11. Juan is a nursing student from Peru who first arrived in F-1 immigration status on September 1, 2019. He does not have a tax identification number and he did not work or receive a scholarship in 2020, but had \$90 interest income from his U.S. savings account his parents set up for him to pay for school and his living expenses.
- Juan must file a Form 1040-NR and Form 8843 by April 15, 2021.
- True
 - False

12. Li entered the U.S. in J-1 immigration status as a trainee in August 2018, and lives alone. His wife, Ye Yan, could not accompany him because she had to care for her ailing parents. Li can file as Single because he did not live with his spouse at all during 2020.
- True
 - False
13. Tomas and Olga were married in June 2017, and they both entered the U.S. in F-1 immigration status to complete their studies as Fulbright scholars. They had a daughter, Kimmie, in October 2018. Currently, Tomas and Olga live in Ft. Lauderdale, where he is completing his graduate work. However, Olga left the family and moved to Hollywood in November 2018 to pursue an acting career, and has not been heard from since. Even though Tomas does not know Olga's whereabouts, he cannot file using a Single filing status.
- True
 - False

Scenario 1: Lee Satō

Use the following information to prepare Form 8843.

- Lee Satō came to the U.S. to study on August 1, 2018, in F-1 immigration status. Her passport number is 4682936 and it was issued by her home country, Japan. Her home address is 5-3 Yaesu 1-Chome, Chuo-ku, Tokyo 100-8994, Japan. Her address at school is Firestone University, 222 Tread Blvd., Lauderdale, MN 55000. Her U.S. taxpayer identification number is XXX-XX-XXXX.
- Lee is attending Firestone University, 222 Tread Blvd., Lauderdale, MN 55000, telephone 612-555-XXXX. Her specialized program is Alternative Fuel Systems and the director is Professor Marri M. Young, also at 222 Tread Blvd., Lauderdale, MN 55000, telephone 612-555-XXXX ext. 1267.
- Lee has not taken steps to apply for permanent residency. Lee had no income, so she is not required to file any other tax forms. Lee has not left the U.S. since arriving.
- After completing the required tax form, review the scenario and resource materials, and answer each of the test questions.

Note: At the time of publishing, this form was not yet available for 2020

Form **8843**

**Statement for Exempt Individuals and Individuals
With a Medical Condition
For use by alien individuals only.**

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2019, or other tax year

Attachment
Sequence No. **102**

beginning _____, 2019, and ending _____, 20_____.

Your first name and initial _____

Last name _____

Your U.S. taxpayer identification number, if any _____

**Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence _____

Address in the United States _____

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► _____
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. _____
- 2 Of what country or countries were you a citizen during the tax year? _____
- 3a What country or countries issued you a passport? _____
- b Enter your passport number(s) ► _____
- 4a Enter the actual number of days you were present in the United States during:
2019 _____ 2018 _____ 2017 _____
- b Enter the number of days in 2019 you claim you can exclude for purposes of the substantial presence test ► _____

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2019 ► _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ► 2013 _____ 2014 _____
2015 _____ 2016 _____ 2017 _____ 2018 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior
calendar years (2013 through 2018)? Yes No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless
you meet the *Exception* explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2019 ► _____
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2019 ► _____
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2013 _____ 2014 _____
2015 _____ 2016 _____ 2017 _____ 2018 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar
years? Yes No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to
establish that you do not intend to reside permanently in the United States.
- 13 During 2019, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status
in the United States or have an application pending to change your status to that of a lawful permanent
resident of the United States? Yes No
- 14 If you checked the "Yes" box on line 13, explain ► _____

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 17227H

Form **8843** (2019)

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2019 and the dates of competition ▶ _____

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶ _____

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States ▶ _____

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶ _____

c Enter the date you actually left the United States ▶ _____

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____ ▶ _____
Your signature Date

Scenario 1: Lee Satō Test Questions

Directions

To answer the following multiple choice questions, refer to the Form 8843 you completed for Lee Satō.

14. What should Lee enter on Line 1b?
 - a. F1
 - b. F1 January 1, 2020 H1b
 - c. Leave blank

15. Lee does not have to complete Lines 4a and 4b.
 - a. True
 - b. False

16. Lee only has to complete Part 1 of Form 8843.
 - a. True
 - b. False

17. What is the due date of Lee's Form 8843 for tax year 2020?
 - a. April 15, 2021
 - b. June 15, 2021
 - c. October 15, 2021
 - d. December 31, 2021

Introduction

This segment of the VITA/TCE certification test includes 7 general and 14 scenario-based multiple choice questions on taxability of income, ITINs, and credits.

Allow approximately 45 minutes to complete this segment.


- 18.** Diego, who is a nonresident alien and is in the United States in J-1 immigration status, spent \$2,800 on qualifying tuition and educational expenses. He is not eligible to claim an education credit on his tax return.
- a. True
 - b. False
- 19.** Nico received \$40 of dividend income on U.S. stocks he purchased online. He is an international student from Greece in F-1 immigration status. He arrived in the United States in 2019. How much of Nico's income will be taxed at 30%?
- a. \$0, it's taxed at the ordinary rate
 - b. \$0, it's not taxable because of a treaty
 - c. \$40
- 20.** Emily and John are a married nonresident alien couple from Ireland. Both are in the U.S. in F-1 immigration statuses and arrived in 2020. They paid \$2,000 in child care expenses for their child who was born in the United States and is a U.S. citizen. They will not be able to claim these expenses on a U.S. tax return.
- a. True
 - b. False
- 21.** Fang is in J-1 student immigration status from China. She earned \$4,000 in wages in 2020. Her wages are reported to her on Form 1042-S (box 1, Income Code 20). Will Fang have to report these anywhere on Form 1040-NR?
- a. Yes
 - b. No
- 22.** Paulo is here in J-1 student immigration status as of August 1, 2020. Under the terms of his visa, he is permitted to work in the U.S. Paulo qualifies for a Social Security number and should not apply for an ITIN.
- a. True
 - b. False

23. Roberto, in F-1 student immigration status from Italy, is on the basketball team. He arrived in the U.S. on June 18, 2020 on a full athletic scholarship that includes payments for his room and board. The amount of his scholarship for room and board is not taxable.
- True
 - False
24. Sara is in the U.S. in F-1 immigration status. She arrived from Argentina on August 6, 2018. Sara worked in the library and earned \$1,000 in wages and had federal income tax withholding of \$100. Sara needs to file Form 1040-NR and Form 8843 for 2020.
- True
 - False

Scenario 2: Li Wei

Use the following information to prepare Form 1040-NR.

- Li Wei, a citizen of China, came to the United States in F-1 immigration status (number 3344123344) on August 1, 2017.
- He has remained in the country since then and is a full-time student at the local university. Li, born September 25, 1999, is single. He began working at the university on January 10, 2020. He filed the proper withholding and treaty forms with the university payroll office before beginning his job. Li has not filed a U.S. tax return in any prior year.
- Li also received a scholarship from the university he was attending. He filed the appropriate forms to claim his treaty benefit for the scholarship. Therefore, he received a Form 1042-S.
- Li's address in China is 7200 Main St., Beijing, China. If he is entitled to a refund, he wants a direct deposit to his checking account. The routing number is 123456789 and the account number is 98765432100. He doesn't want to designate anyone to discuss his return with the IRS. He did not take any affirmative steps to apply for permanent residence in the U.S. Li's U.S. income will not be taxed in his home country.
- Using the following information (two Forms 1042-S and a Form W-2), complete Li's federal income tax return. (Li would also need to file Form 8843, but assume that he has already completed that on his own.)
- After completing the required tax form, review the scenario and resource materials, and answer each of the test questions.

a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) XX-XXXXXXX		1 Wages, tips, other compensation 6,000.00	2 Federal income tax withheld 600.00
c Employer's name, address, and ZIP code STATE UNIVERSITY 122 MAIN STREET LINCOLN, IL 62656		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. LI WEI 245 2ND STREET INTERNATIONAL HALL LINCOLN, IL 62656		11 Nonqualified plans	
		12a See instructions for box 12	
		12b	
f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12c
		14 Other	12d
15 State Employer's state ID number IL XX-XXXXXXX	16 State wages, tips, etc. 6,000.00	17 State income tax 60.00	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2020

Department of the Treasury—Internal Revenue Service

Form 1042-S		Foreign Person's U.S. Source Income Subject to Withholding 2020		OMB No. 1545-0096	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form1042S for instructions and the latest information.		Copy B for Recipient	
UNIQUE FORM IDENTIFIER <input type="checkbox"/> AMENDED <input type="checkbox"/> AMENDMENT NO.					
1 Income code 20	2 Gross income 5,000.00	3 Chapter indicator. Enter "3" or "4" 3a Exemption code 3b Tax rate	4a Exemption code 04 4b Tax rate	13e Recipient's U.S. TIN, if any XXX-XX-XXXX	13f Ch. 3 status code 13g Ch. 4 status code
5 Withholding allowance		6 Net income		13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any
7a Federal tax withheld		7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		13k Recipient's account number	
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>		8 Tax withheld by other agents		13l Recipient's date of birth (YYYYMMDD)	
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)		10 Total withholding credit (combine boxes 7a, 8, and 9)		14a Primary Withholding Agent's Name (if applicable)	
11 Tax paid by withholding agent (amounts not withheld) (see instructions)		12a Withholding agent's EIN XX-XXXXXX		14b Primary Withholding Agent's EIN	15 Check if pro-rata basis reporting <input type="checkbox"/>
12b Ch. 3 status code		12c Ch. 4 status code		15a Intermediary or flow-through entity's EIN, if any	15b Ch. 3 status code
12d Withholding agent's name STATE UNIVERSITY		12e Withholding agent's Global Intermediary Identification Number (GIIN)		15c Ch. 4 status code	15d Intermediary or flow-through entity's name
12f Country code		12g Foreign tax identification number, if any		15e Intermediary or flow-through entity's GIIN	15f Country code
12h Address (number and street) 122 MAIN STREET		12i City or town, state or province, country, ZIP or foreign postal code LINCOLN, IL 62656		15g Foreign tax identification number, if any	15h Address (number and street)
13a Recipient's name LI WEI		13b Recipient's country code CH		15i City or town, state or province, country, ZIP or foreign postal code	16a Payer's name
13c Address (number and street) 245 2ND STREET, INTERNATIONAL HALL		13d City or town, state or province, country, ZIP or foreign postal code LINCOLN, IL 62656		16b Payer's TIN	16c Payer's GIIN
				16d Ch. 3 status code	16e Ch. 4 status code
				17a State income tax withheld 0.00	17b Payer's state tax no. XX-XXXXXX
				17c Name of state IL	

(keep for your records)

Form **1042-S** (2020)

Form **1042-S**

Foreign Person's U.S. Source Income Subject to Withholding

2020

OMB No. 1545-0096

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1042S for instructions and the latest information.

Copy B
for Recipient

1 Income code 16		2 Gross income 7,000.00		3 Chapter indicator. Enter "3" or "4"		13e Recipient's U.S. TIN, if any XXX-XX-XXXX		13f Ch. 3 status code		
		3a Exemption code		4a Exemption code				13g Ch. 4 status code		
		3b Tax rate		4b Tax rate		13h Recipient's GIIN		13i Recipient's foreign tax identification number, if any		
								13j LOB code		
5 Withholding allowance										
6 Net income										
7a Federal tax withheld										
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>										
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>										
8 Tax withheld by other agents										
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()										
10 Total withholding credit (combine boxes 7a, 8, and 9)										
11 Tax paid by withholding agent (amounts not withheld) (see instructions)										
12a Withholding agent's EIN XX-XXXXXX			12b Ch. 3 status code		12c Ch. 4 status code					
12d Withholding agent's name STATE UNIVERSITY										
12e Withholding agent's Global Intermediary Identification Number (GIIN)										
12f Country code		12g Foreign tax identification number, if any								
12h Address (number and street) 122 MAIN STREET										
12i City or town, state or province, country, ZIP or foreign postal code LINCOLN, IL 62656										
13a Recipient's name LI WEI					13b Recipient's country code CH		17a State income tax withheld 0.00		17b Payer's state tax no. XX-XXXXXX	17c Name of state IL
13c Address (number and street) 245 2ND STREET, INTERNATIONAL HALL										
13d City or town, state or province, country, ZIP or foreign postal code LINCOLN, IL 62656										

(keep for your records)

Form **1042-S** (2020)

Form **1040-NR** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Nonresident Alien Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status
 Check only one box.
 Single Married Qualifying widow(er) (QW)
 If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial _____ Last name _____ Your identifying number (see instructions) _____

Home address (number and street or rural route). If you have a P.O. box, see instructions. _____ Apt. no. _____ Check if: Individual Estate or Trust

City, town, or post office. If you have a foreign address, also complete spaces below. State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Dependents (see instructions):	(1) First name	Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

Income Effectively Connected With U.S. Trade or Business	1a Wages, salaries, tips, etc. Attach Form(s) W-2	1a		
	b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions	1b		
	c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)	1c		
	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6 Reserved for future use		6	
	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>		7	
	8 Other income from Schedule 1 (Form 1040), line 9		8	
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income ▶		9	
	10 Adjustments to income:			
	a From Schedule 1 (Form 1040), line 22	10a		
	b Charitable contributions for certain residents of India. See instructions	10b		
	c Scholarship and fellowship grants excluded	10c		
d Add lines 10a through 10c. These are your total adjustments to income ▶		10d		
11 Subtract line 10d from line 9. This is your adjusted gross income ▶		11		
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions		12		
13a Qualified business income deduction. Attach Form 8995 or Form 8995-A	13a			
b Exemptions for estates and trusts only. See instructions	13b			
c Add lines 13a and 13b		13c		
14 Add lines 12 and 13c		14		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11364D Form **1040-NR** (2020)

**SCHEDULE A
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7A**

Name(s) shown on Form 1040-NR

Your identifying number

Taxes You Paid	1a State and local income taxes	1a	1b
	b Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married under <i>Filing Status</i> on page 1 of Form 1040-NR)		
Gifts to U.S. Charities	2 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	5
	3 Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3	
	4 Carryover from prior year	4	
	5 Add lines 2 through 4		
Casualty and Theft Losses	6 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	6	6
Other Itemized Deductions	7 Other—from list in instructions. List type and amount ► _____ _____ _____ _____ _____ _____		7
Total Itemized Deductions	8 Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12		8

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR. Cat. No. 72749E Schedule A (Form 1040-NR) 2020

**SCHEDULE NEC
(Form 1040-NR)**

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

2020
Attachment
Sequence No. **7B**

Name(s) shown on Form 1040-NR

Your identifying number

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or TV copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-						
a Winnings						
b Losses	10c					
11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ►	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ►	15					

Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	17	Add columns (f) and (g) of line 16					()	
	18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-						18

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Cat. No. 72752B

Schedule NEC (Form 1040-NR) 2020

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.
► Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7C**

Name(s) shown on Form 1040-NR

Your identifying number

- A** Of what country or countries were you a citizen or national during the tax year? _____
- B** In what country did you claim residence for tax purposes during the tax year? _____
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. _____
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
- If you answered "Yes," indicate the date and nature of the change ► _____
- G** List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 _____, 2019 _____, and 2020 _____.
- I** Did you file a U.S. income tax return for any prior year? Yes No
- If "Yes," give the latest year and form number you filed ► _____
- J** Are you filing a return for a trust? Yes No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
- If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ► _____

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions ►
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions ►

Scenario 2: Li Wei Test Questions

Directions


To answer the following multiple choice questions, refer to the Form 1040-NR you completed for Li Wei.

- 25.** What amount is entered on the line for wages, salaries, tips, etc. on Form 1040-NR?
- a. \$0
 - b. \$5,000
 - c. \$6,000
- 26.** What is on the line for Adjusted Gross Income (AGI) on Form 1040-NR?
- a. \$0
 - b. \$5,000
 - c. \$6,000
 - d. \$11,000
- 27.** What is on the line for taxable income on Form 1040-NR?
- a. \$5,940
 - b. \$5,000
 - c. \$6,000
 - d. \$10,940
- 28.** What is the amount on the line for total payments on Form 1040-NR?
- a. \$0
 - b. \$400
 - c. \$500
 - d. \$600
- 29.** Is \$7,000 the total amount entered into Income Exempt from Treaty in Schedule OI?
- a. Yes
 - b. No

Scenario 3: Raj Khatri

Use the following information to prepare Form 1040-NR.

- Raj Khatri, a citizen of India, came to the United States as a student. He entered in F-1 immigration status (visa number 88779914) on August 15, 2016. He has remained in the country since then and is a full-time student at the local university.
- Raj was born on March 15, 1998, and is single. He filed the proper treaty and withholding forms with the university payroll office. Raj has not filed a U.S. tax return in any prior year. His address in India is B block, GK II, New Delhi – South, Delhi NCR, India.
- If he is entitled to a refund, he wants it mailed to him. He doesn't want to designate anyone else to discuss his return with the IRS. Raj has not taken any steps to apply for permanent residence in the U.S.
- He will not be taxed in his home country on the income he has from the U.S. Using the following Form W-2, prepare Raj's federal income tax return. (He has already completed his Form 8843.)
- After completing the required tax form, review the scenario and resource materials, and answer each of the test questions.

a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) XX-XXXXXX		1 Wages, tips, other compensation 25,500.00		2 Federal income tax withheld 2,850.00	
c Employer's name, address, and ZIP code FIRST UNIVERSITY 486 MAIN STREET TOWN, NY 14200		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. RAJ KHATRI 23 INDIA BLVD TOWN, NY 14200		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
NY	XX-XXXXXX	25,500.00	1,050.00		

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form **1040-NR** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Nonresident Alien Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status
 Single Married Qualifying widow(er) (QW)
 Check only one box. If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ _____

Your first name and middle initial _____ Last name _____ Your identifying number (see instructions) _____

Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. _____ Check if: Individual Estate or Trust

City, town, or post office. If you have a foreign address, also complete spaces below. State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Dependents (see instructions):	(1) First name		(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.):	
	First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a Wages, salaries, tips, etc. Attach Form(s) W-2		1a	
	b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	
	c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)		1c	
	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6 Reserved for future use			6
	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here ▶ <input type="checkbox"/>			7
	8 Other income from Schedule 1 (Form 1040), line 9			8
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income			9
	10 Adjustments to income:			
	a From Schedule 1 (Form 1040), line 22	10a		
	b Charitable contributions for certain residents of India. See instructions	10b		
	c Scholarship and fellowship grants excluded	10c		
d Add lines 10a through 10c. These are your total adjustments to income			10d	
11 Subtract line 10d from line 9. This is your adjusted gross income			11	
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions			12	
13a Qualified business income deduction. Attach Form 8995 or Form 8995-A	13a			
b Exemptions for estates and trusts only. See instructions	13b			
c Add lines 13a and 13b			13c	
14 Add lines 12 and 13c			14	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11364D Form **1040-NR** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2 (Form 1040), line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 (Form 1040), line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b	
c	Transportation tax (see instructions)	23c	
d	Add lines 23a through 23c	23d	
24	Add lines 22 and 23d. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
e	Form(s) 8805	25e	
f	Form(s) 8288-A	25f	
g	Form(s) 1042-S	25g	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Reserved for future use	27	
28	Additional child tax credit. Attach Schedule 8812 (Form 1040)	28	
29	Credit for amount paid with Form 1040-C	29	
30	Reserved for future use	30	
31	Amount from Schedule 3 (Form 1040), line 13	31	
32	Add lines 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a**

Direct deposit? **b** Routing number **c** Type: Checking Savings

See instructions. **d** Account number

e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.

36 Amount of line 34 you want **applied to your 2021 estimated tax** **36**

Amount You Owe

37 **Amount you owe**. Subtract line 33 from line 24. For details on how to pay, see instructions **37**

38 Estimated tax penalty (see instructions) **38**

Third Party Designee
(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

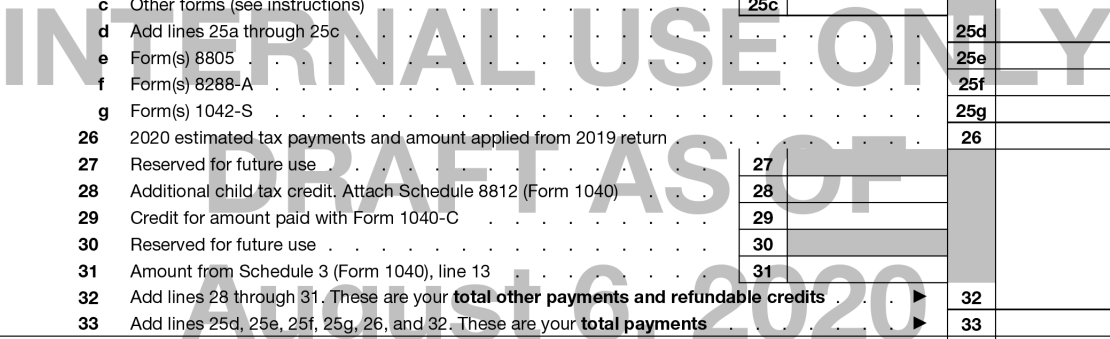
Paid Preparer Use Only

Preparer's name Preparer's signature Date PTIN Check if: Self-employed

Firm's name Phone no.

Firm's address Firm's EIN

Go to www.irs.gov/Form1040NR for instructions and the latest information. Form **1040-NR** (2020)



**SCHEDULE A
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7A**

Name(s) shown on Form 1040-NR

Your identifying number

Taxes You Paid	1a	State and local income taxes	1a	
	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married under <i>Filing Status</i> on page 1 of Form 1040-NR)		1b
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
Casualty and Theft Losses	6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		6
	7	Other—from list in instructions. List type and amount ► _____ _____ _____ _____ _____ _____		7
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12		8

**SCHEDULE NEC
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7B**

Name(s) shown on Form 1040-NR

Your identifying number

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or TV copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-						
a Winnings						
b Losses	10c					
11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ▶	12					
Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶	15					

Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS	(g) GAIN
							If (e) is more than (d), subtract (d) from (e).	If (d) is more than (e), subtract (e) from (d).
	17	Add columns (f) and (g) of line 16					()	
	18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-						

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Cat. No. 72752B

Schedule NEC (Form 1040-NR) 2020

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7C**

Name(s) shown on Form 1040-NR

Your identifying number

- A** Of what country or countries were you a citizen or national during the tax year?
- B** In what country did you claim residence for tax purposes during the tax year?
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
 - 1.** A U.S. citizen? Yes No
 - 2.** A green card holder (lawful permanent resident) of the United States? Yes No
 If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year.
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change ▶
- G** List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 _____, 2019 _____, and 2020 _____.
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ▶
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

- 1.** Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ▶

- 2.** Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
- 3.** Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
 - 1.** This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions ▶
 - 2.** You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions ▶

Scenario 3: Raj Khatri Test Questions

Directions

To answer the following questions, refer to the Form 1040-NR you completed for Raj Khatri.


- 30.** What amount is entered for wages, salaries, tips, etc. on Form 1040-NR?
- a. \$28,350
 - b. \$25,500
 - c. \$22,650
 - d. \$20,500
- 31.** What amount is entered on the itemized deductions line on Form 1040-NR?
- a. \$25,500
 - b. \$12,400
 - c. \$4,100
 - d. \$1,050
- 32.** What is the amount of federal income tax withheld on Form 1040-NR?
- a. \$3,900
 - b. \$2,850
 - c. \$1,050
 - d. \$0
- 33.** What amount is on the taxable income line of the Form 1040-NR?
- a. \$24,450
 - b. \$21,600
 - c. \$13,100
 - d. \$0



Scenario 4: Haniya Bukhari

Use the following information to prepare 2020 Form 1040-NR.

- Haniya Bukhari is a resident of Bangladesh (visa number 876543219). She arrived in the United States in F-1 immigration status on September 1, 2019 as a full-time student. Haniya is 27 years old and single. Her address in Bangladesh is 15 Clarity Street, Chattogram.
- Haniya has not taken any affirmative steps to apply for permanent residence in the United States. Haniya did not file a Form 1040-NR in 2019 as she did not work that year. She started a new job with the university bookstore on January 20, 2020.
- If she is entitled to a refund, she wants a direct deposit to her checking account. The routing number is 987654321 and the account number is 12345678910. She will not be taxed by the Bangladesh government on the income she has earned in the United States. Assume Haniya has already completed her Form 8843, and prepare her federal income tax return with the following Form W-2. College Town University reports all student income on Form W-2. Ms. Bukhari failed to respond to the university in time for them to properly issue Form 1042-S for her treaty-exempt income. However, she is still entitled to take her treaty benefit on her tax return instead.
- After completing the required tax form, review the scenario and resource materials, and answer each of the test questions.

a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) XX-XXXXXXX		1 Wages, tips, other compensation 12,255.00	2 Federal income tax withheld 858.00
c Employer's name, address, and ZIP code COLLEGE TOWN UNIVERSITY 23 SOUTHWEST STREET COLLEGE TOWN, VA 23000		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. HANIYA BUKHARI 25 CYPRESS LANE INTERNATIONAL STUDENT HALL COLLEGE TOWN, VA 23000		11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b
		14 Other	12c
			12d
f Employee's address and ZIP code			
15 State Employer's state ID number VA XX-XXXXXXX	16 State wages, tips, etc. 12,255.00	17 State income tax 120.00	18 Local wages, tips, etc.
			19 Local income tax
			20 Locality name

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

2020

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form **1040-NR** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Nonresident Alien Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status
 Single Married Qualifying widow(er) (QW)
 Check only one box. If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial _____ Last name _____ Your identifying number (see instructions) _____

Home address (number and street or rural route). If you have a P.O. box, see instructions. _____ Apt. no. _____ Check if: Individual Estate or Trust

City, town, or post office. If you have a foreign address, also complete spaces below. State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Dependents (see instructions):	(1) First name		(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.):	
	Last name	Child tax credit			Credit for other dependents	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a Wages, salaries, tips, etc. Attach Form(s) W-2		1a	
	b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	
	c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)	1c		
	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6 Reserved for future use			6
	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . ▶ <input type="checkbox"/>			7
	8 Other income from Schedule 1 (Form 1040), line 9			8
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income . . ▶			9
	10 Adjustments to income:			
	a From Schedule 1 (Form 1040), line 22	10a		
	b Charitable contributions for certain residents of India. See instructions	10b		
	c Scholarship and fellowship grants excluded	10c		
d Add lines 10a through 10c. These are your total adjustments to income ▶			10d	
11 Subtract line 10d from line 9. This is your adjusted gross income ▶			11	
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions			12	
13a Qualified business income deduction. Attach Form 8995 or Form 8995-A	13a			
b Exemptions for estates and trusts only. See instructions	13b			
c Add lines 13a and 13b			13c	
14 Add lines 12 and 13c			14	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11364D Form **1040-NR** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2 (Form 1040), line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 (Form 1040), line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b	
c	Transportation tax (see instructions)	23c	
d	Add lines 23a through 23c	23d	
24	Add lines 22 and 23d. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
e	Form(s) 8805	25e	
f	Form(s) 8288-A	25f	
g	Form(s) 1042-S	25g	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Reserved for future use	27	
28	Additional child tax credit. Attach Schedule 8812 (Form 1040)	28	
29	Credit for amount paid with Form 1040-C	29	
30	Reserved for future use	30	
31	Amount from Schedule 3 (Form 1040), line 13	31	
32	Add lines 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>
	Phone no. <input type="text"/>	Email address <input type="text"/>	
Paid Preparer Use Only	Preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>
	Firm's name <input type="text"/>	PTIN <input type="text"/>	Check if: <input type="checkbox"/> Self-employed
	Firm's address <input type="text"/>	Phone no. <input type="text"/>	Firm's EIN <input type="text"/>

Go to www.irs.gov/Form1040NR for instructions and the latest information.

**SCHEDULE A
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7A**

Name(s) shown on Form 1040-NR

Your identifying number

Taxes You Paid	1a State and local income taxes	1a	1b
	b Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married under <i>Filing Status</i> on page 1 of Form 1040-NR)		
Gifts to U.S. Charities	2 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	5
	3 Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3	
	4 Carryover from prior year	4	
	5 Add lines 2 through 4		
Casualty and Theft Losses	6 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	6	6
Other Itemized Deductions	7 Other—from list in instructions. List type and amount ► _____ _____ _____ _____ _____ _____		7
Total Itemized Deductions	8 Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12		8

**SCHEDULE NEC
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7B**

Name(s) shown on Form 1040-NR

Your identifying number

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or TV copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings						
b Losses	10c					
11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ▶	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶	15					

Capital Gains and Losses From Sales or Exchanges of Property

16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS		(g) GAIN	
					If (e) is more than (d), subtract (d) from (e).		If (d) is more than (e), subtract (e) from (d).	
17 Add columns (f) and (g) of line 16						17 ()		
18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- ▶							18	

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Cat. No. 72752B

Schedule NEC (Form 1040-NR) 2020

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.
► Answer all questions.

OMB No. 1545-0074

2020
Attachment
Sequence No. **7C**

Name(s) shown on Form 1040-NR

Your identifying number

- A** Of what country or countries were you a citizen or national during the tax year? _____
- B** In what country did you claim residence for tax purposes during the tax year? _____
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
 - 1.** A U.S. citizen? Yes No
 - 2.** A green card holder (lawful permanent resident) of the United States? Yes No
 If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. _____
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change ► _____
- G** List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:
2018 _____, 2019 _____, and 2020 _____
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ► _____
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

- 1.** Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b. _____

- 2.** Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
- 3.** Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

- 1.** This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.
- 2.** You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Cat. No. 72756T

Schedule OI (Form 1040-NR) 2020

Scenario 4: Haniya Bukhari Test Questions

Directions

To answer the following multiple choice questions, refer to the Form 1040-NR you completed for Haniya Bukhari.

- 34.** What amount is Haniya allowed as a treaty benefit?
- a. \$12,255
 - b. \$8,000
 - c. \$0
- 35.** What is the amount entered on Form 1040-NR on the line for wages, salaries, tips, etc.?
- a. \$0
 - b. \$4,255
 - c. \$8,000
 - d. \$12,255
- 36.** On which line of Form 1040-NR, Schedule OI will Haniya enter her treaty benefits information?
- a. Line G
 - b. Line L
 - c. Treaty benefits are only subtracted from wages, salaries, tips, etc. and listed nowhere else.
 - d. No treaty amounts are allowed without Form 1042-S.
- 37.** What is the amount of itemized deductions that Haniya is entitled to take? And what is her taxable income?
- a. \$855 and \$3,400
 - b. \$120 and \$4,135
 - d. \$120 and \$12,135
 - d. \$855 and \$11,400

Introduction

This part of the VITA/TCE certification test includes 13 true/false or multiple choice questions.

Allow approximately 20 minutes to complete this segment.

- 38.** Mary Catherine, an international student from Ireland, has a Form W-2 that shows amounts withheld for Social Security and Medicare taxes. Mary Catherine is an F-1 student who first arrived in the U.S. in 2018. What form should Mary Catherine use to claim a refund of her Social Security and Medicare taxes withheld?
- a. Form 1040-NR
 - b. Form 843
 - c. Neither form
- 39.** Miguel and Juana are from Panama. Miguel is a scholar at a local university in J-1 immigration status and Juana is in J-2 immigration status. Juana worked at a local boutique in 2020. Her Form W-2 shows Social Security and Medicare tax withholding. Juana found out her spouse does not have to pay Social Security or Medicare taxes. Juana is not eligible for a refund of her Social Security and Medicare taxes withheld.
- a. True
 - b. False
- 40.** Wang, an international student from China, received \$10,600 of interest income in 2020 from a personal bank account in the U.S. he opened when he first arrived on August 27, 2016. He also had a \$25 capital gain from some U.S. stock he sold. What form and schedules does Wang need to complete?
- a. He does not need to file a return
 - b. Form 1040-NR, Schedule OI
 - c. Form 1040-NR, Schedule OI, and Schedule NEC
 - d. Form 1040-NR, Schedule D
- 41.** Paul entered the United States for the first time in 2018. He is resident of France and is in F-1 immigration status. Paul won \$800 at the local casino. Does Paul need to file Form 1040-NR to report the \$800?
- a. Yes
 - b. No

42. Harry is a visiting scholar from the United Kingdom. He arrived in the U.S. on September 1, 2019 in a J-1 immigration status and was accompanied by his wife Monica and his son Noah. Since his arrival, his second child, Charlotte, was born in the U.S. Harry earned \$70,000 in 2020 from State University. When he files his federal tax return, he cannot claim his wife and children as dependents.
- True
 - False
43. Lucas, a graduate student from Sweden, is in F-1 immigration status. He first arrived in the U.S. on April 1, 2016. Lucas needs help preparing his tax return. He made donations to a U.S. charity and wants to know where to claim them. Lucas can claim his charitable contributions as an itemized deduction on Form 1040-NR.
- True
 - False
44. Patricio is in F-1 immigration status from Chile. He entered the United States in September 2017 and enrolled as a full time undergraduate student. Patricio is pursuing his first degree in mathematics. Does Patricio qualify to claim any education credit on his Form 1040-NR?
- Yes
 - No
45. Mia is a single, nonresident alien who began studying in the U.S. in 2018 in F-1 immigration status from Australia. She has wages of \$6,700, interest income from her savings account of \$230, \$50 of dividends, and sold \$3,000 of U.S. stocks for a \$100 capital gain. She donated \$2,000 of the proceeds to a local charity. Could Mia have her return completed at a Foreign Student and Scholar VITA site that has properly certified volunteers?
- Yes
 - No
46. Some students and scholars may owe money with their tax return. Nonresidents have which of the following payment options?
- Ask for an extension of time to pay or an installment agreement.
 - Pay the entire balance by the due date for the return.
 - Put the balance on a credit card.
 - All of the above.

47. Aopam, who is from Russia, earned wages of \$9,250 in 2019. He had \$200 withheld for state income taxes. He listed the state taxes as a deduction on his federal tax return in 2019, and it lowered his taxable income for 2019. Aopam received a state refund of \$125 in 2020 from the 2019 tax return. Aopam does not need to include this state tax refund on his 2020 federal return.
- True
 - False
48. Sofia came to the U.S. in 2017 for postgraduate study. She took out a student loan through the school's financial aid office to help pay the tuition. Sofia graduated in December 2019, but remained in the U.S. for one year of practical training. She began repaying the loan on August 1, 2020 and paid \$49 in interest during 2020. Sofia can claim this interest as an adjustment to income.
- True
 - False
49. Carmelo, a student from Malta, had \$8,985 in wages reported to him on Form W-2. Because all of his wages are excluded from tax by treaty, he is not required to file a tax return.
- True
 - False
50. Michael is a resident of Egypt attending college in the U.S. He arrived on J-1 status in May of 2018. He had \$2,500 in wages and \$10 in dividend income. What form/schedule(s) must Michael complete?
- Just Form 1040-NR
 - Form 1040-NR, Schedule OI
 - Form 1040-NR, Schedule NEC
 - Form 1040-NR, Schedules NEC and OI



2020 VITA/TCE Foreign Student Retest for Volunteers

Directions

Welcome to the Link & Learn Taxes Foreign Student Retest. The retest requires you to prepare four tax returns using Form 1040-NR and/or Form 8843 and then answer 50 online questions. You must successfully complete the retest at an overall 80% proficiency to earn VITA/TCE certification.

Please complete this retest on your own for an accurate assessment of your skills and knowledge. You may use any reference materials available to you as a volunteer to complete this retest.

Volunteers who use tax preparation software to complete the retest need to make sure they are using the final 2020 version.

Residency Status, Form 8843, and Filing Status

Directions

This section of the VITA/TCE certification Foreign Student test covers determining residency status, the use of Form 8843, and filing status. It consists of 13 Resident/ Nonresident questions and 4 scenario-based multiple-choice questions. Read the interview notes for each scenario from the original test.

Allow approximately 20 minutes to complete this segment.

1. Hiep entered the U.S. on August 20, 2017 in F-1 immigration status. He had never been to the United States before and he did not change immigration status during 2020. For 2020 federal income tax purposes, Hiep is a _____.
 - a. Resident alien
 - b. Nonresident alien
2. Lisa is a visiting professor at the local university. Lisa was a graduate student from August 2017 to May 2018 in F-1 immigration status. She re-entered the United States as a teacher on December 20, 2019 in J-1 immigration status. For 2020 federal income tax purposes, Lisa is a _____.
 - a. Resident alien
 - b. Nonresident alien
3. Thomas served as a visiting scholar in F-1 immigration status from December 2012 through June 2015. In January of 2020, Thomas returned to the United States as a graduate student. For 2020 federal income tax purposes, Thomas is a _____.
 - a. Resident alien
 - b. Nonresident alien

4. Harry came to the United States in F-2 immigration status with his wife on August 20, 2014. He has not changed his immigration status. For 2020 federal income tax purposes, Harry is a _____.
- Resident alien
 - Nonresident alien
5. Previous years spent in the United States under an exempt status visa count in determining total number of exempt years allowable.
- True
 - False
6. Rajaa entered the United States on August 10, 2015 in J-1 student immigration status. On December 2, 2018, her husband Aarav joined her in J-2 immigration status. Rajaa and Aarav had no income in 2020. Which Form should Aarav file for 2020?
- Form 1040-NR
 - Form 8843
 - Form 1040
 - No forms
7. Rajaa and Aarav from Question 6 had a child while here in the U.S. on July 4, 2020. For 2020, how many Form(s) 8843 does Rajaa's family need to file?
- 0
 - 1
 - 2
 - 3
8. Maria and Raul have been in the U.S. in F-1 immigration status since August 2015. Their 8-year-old son, José, joined them under F-2 status in May 2020. Who must file Form 8843 for 2020?
- Maria
 - Raul
 - José
 - All the above
9. Lorene is from North Macedonia and is a Ph.D. student in neurobiology who is going to defend her dissertation in June 2021. She arrived in the U.S. as a student in F-1 immigration status on May 28, 2020. For 2020 federal income tax purposes, Lorene is a _____.
- Resident alien
 - Nonresident alien

10. Vito is a junior majoring in public health administration. He is in the U.S. in F-1 immigration status from India. He transferred from an Indian school and arrived in the U.S. on September 1, 2017. Vito worked in a lab on campus and as a summer intern for a company in New York. He will graduate in May 2020. The company issued him a Form 1099-NEC. For tax purposes, Vito is still considered a _____ alien even though the company issued him a Form 1099-NEC.
- Resident
 - Nonresident
11. Juan is a nursing student from Peru who first arrived in F-1 immigration status on September 1, 2019. He does not have a tax identification number and he did not work or receive a scholarship in 2020, but had \$90 interest income from his U.S. savings account his parents set up for him to pay for school and his living expenses. Juan must file both a Form 1040-NR and Form 8843 by June 15, 2021.
- True
 - False
12. Li entered the U.S. in J-1 immigration status as a trainee in August 2018 and lives alone. His wife, Ye Yan, could not accompany him because she had to care for her ailing parents. Li must file as married even though he did not live with his spouse at all during 2020.
- True
 - False
13. Tomas and Olga were married in June 2016, and they both entered the U.S. in F-1 immigration status to complete their studies as Fulbright scholars. They had a daughter, Kimmie, in October 2018. Currently, Tomas and Olga live in Houston, TX, where he is completing his graduate work. However, Olga left the family and moved to Hollywood in November 2017 to pursue an acting career and has not been heard from since. Because Tomas does not know Olga's whereabouts, he can file using the Single filing status.
- True
 - False

Scenario 1: Lee Satō Retest Questions

To answer the following questions, refer to the scenario information and Form 8843 you completed for Lee Satō.

14. Lee reports her most current nonimmigration status on line 1b.
- a. True
 - b. False
15. Lee should put 366 days on line 4b, for days of exempted presence for 2020.
- a. True
 - b. False
16. What parts of Form 8843 does Lee need to complete?
- a. Part I
 - b. Part II
 - c. Parts I and II
 - d. Parts I and III
17. Lee must submit her Form 8843 for tax year 2020 by April 15, 2021?
- a. True
 - b. False

Taxability of Income, ITINs, and Credits

Introduction

This segment of the VITA/TCE certification test includes 7 general and 14 scenario-based multiple choice questions on taxability of income, ITINs, and credits.

Allow approximately 45 minutes to complete this segment.

18. Diego, who is a nonresident alien and is in the United States in J-1 immigration status, spent \$2,800 on qualifying tuition and educational expenses. He is entitled to claim an education credit on his tax return.
- a. True
 - b. False
19. Nico received \$40 of dividend income on U.S. stocks he purchased online. He is an international student from Greece in F-1 immigration status. He arrived in the United States in 2019. Nico's dividend income will be taxed at 30% on Form 1040-NR, Schedule NEC.
- a. True
 - b. False

- 20.** Emily and John are a married nonresident alien couple from Ireland. Both are in the U.S. in F-1 immigration status and arrived in 2020. They paid \$2,000 in childcare expenses for their child who was born in the United States and is a U.S. citizen. They are eligible to claim the child and dependent care credit on their Form 1040-NR.
- a. True
 - b. False
- 21.** Fang is in J-1 student immigration status from China. She earned \$4,000 in wages in 2020. Her wages are reported to her on Form 1042-S (box 1, Income Code 20). Fang will have to report these wages on Form 1040-NR, Schedule OI.
- a. True
 - b. False
- 22.** Paulo is here in J-1 student immigration status as of August 1, 2020. Under the terms of his visa, he is permitted to work in the U.S. What tax identification number should Paulo apply for?
- a. ITIN
 - b. SSN
 - c. None
- 23.** Roberto, in F-1 student immigration status from Italy, is on the basketball team. He arrived in the U.S. on June 18, 2020 on a full athletic scholarship that includes \$9,000 for his room and board and \$20,000 for tuition and fees. What amount will be taxable on his Form 1040-NR?
- a. \$0
 - b. \$9,000
 - c. \$16,600
 - d. \$29,000
- 24.** Sara is in the U.S. in F-1 immigration status. She arrived from Argentina on August 6, 2018. Sara worked in the library and earned \$1,000 in wages and had federal income tax withholding of \$100. Sara does not need to file Form 1040-NR and Form 8843.
- a. True
 - b. False

Scenario 2: Li Wei Retest Questions

Directions

To answer the following questions, refer to the scenario information and Form 1040-NR you completed for Li Wei.

- 25.** Is \$5,000 the amount entered on the line for wages, salaries, tips, etc. on Form 1040-NR?
- a. Yes
 - b. No
- 26.** Is \$11,000 the amount of Adjusted Gross Income on the Form 1040-NR?
- a. Yes
 - b. No
- 27.** Is \$5,940 the taxable income on the Form 1040-NR?
- a. Yes
 - b. No
- 28.** Is \$600 the amount of total payments on the Form 1040-NR?
- a. Yes
 - b. No
- 29.** What is the total amount entered into the Income Exempt from Treaty in Schedule OI?
- a. \$0
 - b. \$5,000
 - c. \$7,000
 - d. \$12,000

Scenario 3: Raj Khatri Retest Questions

Directions

To answer the following questions, refer to the scenario information and Form 1040-NR you completed for Raj Khatri.

- 30.** What is the Adjusted Gross Income (AGI) on Form 1040-NR?
- a. \$20,500
 - b. \$22,650
 - c. \$25,500
 - d. \$28,350
- 31.** Raj Khatri is a student who is considered a resident of India. According to the U.S.-India Tax Treaty, he can take the standard deduction instead of itemizing.
- a. True
 - b. False
- 32.** Will Raj have a balance due on Form 1040-NR?
- a. Yes
 - b. No
- 33.** The taxable income line on Raj's Form 1040-NR shows \$13,100.
- a. True
 - b. False

Scenario 4: Haniya Bukhari Retest Questions

Directions

To answer the following questions, refer to the scenario information for Haniya Bukhari.

- 34.** Is Haniya allowed to exclude her wages of \$8,000 as a treaty benefit on Schedule OI?
- a. Yes
 - b. No
- 35.** The total amount of the W-2, box 1, wages, salaries, tips, is reported on the line for wages, salaries, and tips, etc. of the Form 1040-NR.
- a. True
 - b. False
- 36.** Form 1040-NR, schedule OI, line G shows Haniya's treaty benefit information.
- a. True
 - b. False
- 37.** Is Haniya entitled to itemize her deductions?
- a. Yes
 - b. No

Refunds, Deductions, and the Best Form to Use

Introduction

This part of the VITA/TCE certification test includes 13 true/false or multiple choice questions.

Allow approximately 20 minutes to complete this segment.

- 38.** Mary Catherine, an international student from Ireland, has a Form W-2 that shows amounts withheld for Social Security and Medicare taxes. Mary Catherine is an F-1 student who first arrived in the U.S. in 2018. Can she file Form 843 to receive a refund of these taxes?
- a. Yes
 - b. No
- 39.** Miguel and Juana are from Panama. Miguel is a scholar at a local university in J-1 immigration status and Juana is in J-2 immigration status. Juana worked at a local boutique in 2020. Her Form W-2 shows Social Security and Medicare tax withholding, while Miguel's does not. Was Juana's Social Security and Medicare tax withholding done in error?
- a. Yes
 - b. No
- 40.** Wang, an international student from China, received \$10,600 of interest income in 2020 from a personal bank account in the U.S. he opened when he first arrived on August 27, 2016. He also had a \$25 capital gain from some U.S. stock he sold. Wang reports the stock sale on Schedule D and includes it on the front of his Form 1040-NR.
- a. True
 - b. False
- 41.** Paul entered the United States for the first time in 2018. He is resident of France and is in F-1 immigration status. Paul won \$800 at the local casino. Paul doesn't need to report the \$800 as income on his Form 1040-NR because nonresidents aren't taxed on gambling winnings.
- a. True
 - b. False

- 42.** Harry is a visiting scholar from the United Kingdom. He arrived in the U.S on September 1, 2019 in J-1 immigration status and was accompanied by his wife and son. They had a second child in 2020, born in the U.S. Harry is required to file a federal income tax return. Which of the following is a true statement?
- a. He can claim exemptions for himself, his wife and his two children.
 - b. He only can claim the earned income credit for his U.S.-born child.
 - c. The personal and/or dependency exemption deduction for 2020 is \$0 through 2025.
- 43.** Lucas, a graduate student from Sweden, is in F-1 immigration status. He has been here since April 1, 2016. He has receipts for his donations to his church in Sweden. Lucas can claim these charitable contributions on Form 1040-NR.
- a. Yes
 - b. No
- 44.** Patricio is in F-1 immigration status from Chile. He entered the United States in September 2017 and enrolled as a full-time undergraduate student. Patricio is pursuing his first degree in mathematics. What credit does Patricio qualify for in 2020?
- a. American opportunity credit
 - b. Lifetime learning credit
 - c. Tuition deduction
 - d. None of the above
- 45.** Mia is a single, nonresident alien who began studying in the U.S. in 2018 in F-1 immigration status from Australia. She has wages of \$6,700, interest income from her savings account of \$230, \$50 of dividends, and sold \$3,000 of U.S. stocks for a \$100 capital gain. She donated \$2,000 of the proceeds to a local charity. Mia cannot have her return prepared at any Foreign Student and Scholar VITA site, because she has capital gain income.
- a. True
 - b. False
- 46.** Some students and scholars may owe money with their tax return. Generally, nonresidents have the option to set up an installment agreement.
- a. True
 - b. False

- 47.** Aopam, who is from Russia, earned wages of \$9,250 in 2019. He had \$200 withheld for state income taxes. He listed the state taxes as a deduction on his federal tax return in 2019 which lowered his taxable income. Aopam received a state refund of \$125 in 2020 from the 2019 tax return. Will Aopam report his state tax refund as income on his Form 1040-NR in 2020 or amend his 2019 return?
- He needs to include the state income tax refund on his 2020 federal return.
 - He will remove the \$125 state taxes from his 2019 deductions with an amended return.
 - He does not need to do anything with his state income tax refund.
- 48.** Teresa came to the U.S. in 2016 for postgraduate study. She took out a student loan to help pay the tuition through her school's financial aid office. Teresa graduated in December 2018 but remained in the U.S. for one year of practical training. She began repaying the loan on August 1, 2020 and paid \$49 in interest during 2020. Where can Teresa claim this interest?
- Itemized deduction
 - Adjustment to income
 - Credit
 - None of the above
- 49.** Carmelo, a student from Malta, had \$8,985 in wages reported to him on Form W-2. Although all of his wages are excluded from tax by treaty, he is required to file a tax return.
- True
 - False
- 50.** Michael is a resident of Egypt attending college in the U.S. He arrived on J-1 status in May of 2018. He had \$2,500 in wages and \$10 in dividend income. Michael must complete both Schedules OI and NEC with his Form 1040-NR.
- True
 - False

Link & Learn Taxes

Link & Learn Taxes is web-based training designed specifically for VITA/TCE volunteers. Each volunteer's ability to prepare complete and accurate returns is vital to the credibility and integrity of the program. Link & Learn Taxes, as part of the complete volunteer training kit, provides the path to achieving this high level of quality service.

Link & Learn Taxes and Publication 4012, VITA/TCE Volunteer Resource Guide, work together to help volunteers learn and practice.

Link & Learn Taxes for 2020 includes:

- Access to all VITA/TCE courses
- Easy identification of the VITA/TCE courses with the course icons
 - As you progress through a lesson, the content for Basic, Advanced, Military, or International will display, depending on the level of certification you selected
- PowerPoint presentations that can be customized to fit your classroom needs
- VITA/TCE Central to provide centralized access for training materials and reference links
- The Practice Lab
 - Gives volunteers practice with an early version of the IRS-provided tax preparation software
 - Lets volunteers complete test practice problems
 - Lets volunteers prepare test scenario returns for the test/retest



Go to www.irs.gov, type “Link & Learn” in the Keyword field and click Search. You’ll find a detailed overview and links to the courses.

FSA (Facilitated Self Assistance) empowers taxpayers to prepare their own returns with the assistance of a certified volunteer. Taxpayers complete their own returns using interview-based software supplied by leaders in the tax preparation industry. Volunteers assist taxpayers with tax law questions.

Virtual VITA/TCE model includes any site where face-to-face activities are not used during the tax preparation process. That is, the intake specialist, IRS-tax law certified preparer (who prepares the return) and/or the quality reviewer are not face-to-face with the taxpayer. By incorporating this flexibility partners can provide taxpayers with more convenient locations to file their taxes.

For more information contact your SPEC Relationship Manager to see if you should start a FSA or Virtual VITA site in your community.



Your online resource for volunteer and taxpayer assistance

Partner and Volunteer Resource Center

<https://www.irs.gov/Individuals/Partner-and-Volunteer-Resource-Center>

- What's Hot!
- Site Coordinator's Corner

Quality and Tax Alerts for IRS Volunteer Programs

<https://www.irs.gov/individuals/quality-and-tax-alerts-for-irs-volunteer-programs>

- Volunteer Tax Alerts

Volunteer Training Resources

<https://www.irs.gov/Individuals/Volunteer-Training-Resources>

Outreach Connection

<https://www.irs.gov/Individuals/Outreach-Corner>

Tax Trails for Answers to Common Tax Questions

<https://www.irs.gov/Individuals/Tax-Trails-Main-Menu>

Online Services and Tax Information for Individuals

<https://www.irs.gov/Individuals>

Tools:

- View Your Tax Account
- Get Your Transcript
- Where's My Refund?

File

- IRS Free File
- How to File
- Filing Past Due Returns
- Correcting Your Tax Return
- Social Security Benefit Statement

Plan:

- Tax Withholding (Paycheck Checkup)
- When to File
- Recordkeeping
- Choosing a Tax Professional

Pay

- Withholding
- Estimated Taxes
- Options for Paying Your Taxes
- Payment Option Details
- Understanding Your IRS Notice or Letter
- What to Do If You Can't Pay

Identity Theft Protections

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Mobile App

Another device to use for additional information is IRS2Go. Click here: <https://www.irs.gov/newsroom/irs2goapp>

and much more!

Your direct link to tax information 24/7: www.irs.gov