

TaxSlayer Navigation Introduction Workshop and Add-ons for Immersion Training

Timing

As early as practical for experienced counselors – and new volunteers

Length

- One full day, if possible – at least 6 hours
- The training session needs to be long enough for people to get somewhat comfortable with navigation. If they leave without getting the basic navigation, they may get overly frustrated.

Training Plan

- Use very simple PRACTICE returns in this order: 1) Single, 2)HoH, 3)Senior, 4)MFJ, 5)MFS, 6) Extra
- **After the first return, show the 10-minute Practice Lab Demo video.**
- Teach highlighting items that can't be entered on the form itself (e.g., state withholding on 1099-INT or DIV)
- Teach using the **Quick File** for the HoH return.
- Teach using the **Master Profile** with other returns.
- Before MFJ return, have everyone highlight or draw an arrow to the following items on their TaxSlayer Where to Enter handout (1)Foreign Tax, (2)unreported tips, and (3)1099-MISC line 7 pointing out attaching to Sch C.
- Give a brief introduction to the NC Checklist handout
- Introduce the Quick Guide updated for TaxSlayer. Available via taxvolunteers.com.
- Teach having 2 screens open and partially visible at same time on monitor – workbook and Practice Lab.
- Demo using links and Find in workbook.
- Time permitting, start the Archer return from the 2016 NTTC Workbook. Consider printing the Archer return.

Materials

- **"PRACTICE"** returns prepared with Forms Generator and f13614c fillable for training – all full year state residents
- TaxSlayer - Where to Enter (from QuickGuide) – 7 pages printed. Includes Tips for TaxSlayer
- QuickGuide for TaxSlayer – c40 pages online (not printed now – waiting until after pub 4012 released)
- Line by line answer sheet for the PRACTICE returns. Could give out at beginning or at start of fourth return.
- Practice Lab Demo video (Use video between Single PRACTICEand HoH PRACTICEReturns. Pause if questions?)
<https://aarptaxaide.webex.com/aarptaxaide/ldr.php?RCID=0263eaa8b7e1aed873713499b260c703>
- Highlighters
- If prior to availability of 2016 NTTC Workbook, printouts of a few 2016 NTTC Workbook returns?

Preparation

- Set up user accounts prior to workshop with passwords all the same (in CAPS) and begin day with CAPS lock on. Instructor should have a list of usernames/passwords (especially for volunteers who set up their own accounts)
- Have at least one extra computer available in case someone has problem with the computer he/she is using.
- Be sure all computers have the latest updates and are set not to update automatically (like during workshop).
- Make sure every computer has Chrome installed, working, and default. (In a pilot workshop, more problems were encountered in Practice Lab by people using Internet Explorer.) In chrome://settings, choose advanced/pop-ups, manage exceptions and add <https://vita.taxslayerpro.com>.
- Go to taxvolunteers.com, link to Practice Lab, and login to Practice Lab on every computer (to avoid problems during the workshop with browser and security settings that might cause a problem.)
- While logged in to Practice lab, test the pdf viewer by "printing" a return.

Training Tips

- **Designate an "Agenda Keeper" to make sure things on the agenda are not skipped.**
Too easy for workshop instructor to skip things after answering questions that come up.
- Important to stay together and not get ahead in first 3 returns. If skip a step, might not get another chance.
- When starting a return, choose the profile you want to use before typing in the SSN.
- When using QF and need 2 of the same forms (e.g., 1099-R's), when finished with the first, click the Back button.
- When there's something on a form that can't be entered at the time, highlight it on the form and make a note
For example, highlight any state withholding on a 1099-INT or 1099-B and make a note to enter it later.
- If known ahead of time that someone will be late, then arrange for someone to work with that person and cover the material and instructions that the person is likely to miss before the workshop. Otherwise, it is likely to be very frustrating for the participant and interrupt the flow of the workshop trying to help the person catch up.

Follow-up

- **QR every participant's PRACTICE returns in the next day or so. Prompt feedback is really important. Check not only answers but also if Health Care and e-File were completed correctly.**
- Encourage volunteers to complete any PRACTICE returns not completed during the workshop and notify the instructor so that all returns will be QR'd.
- Encourage volunteers to complete all (or as many as they can) of the 2016 NTTC Workbook exercises (with state additions). If starting before printed workbooks are available, consider printing some returns.
- Offer support and mentoring either individually and/or in groups. We need to make sure volunteers have enough support to reduce frustration. We don't want to lose volunteers.

Add-ons for Immersion Training

- **There are often times in training where instructors want preparers to try entering something being taught – but don't want to waste time starting a return from scratch. These returns for the taxpayers with the last name "PRACTICE" could be used in every training session to give volunteers a quick place to enter data for new topics applicable to their filing status.**
- For example, the original return might have a routine 1099-R. The second variation of the return could include the need for the Simplified Method. The third variation could include both the Simplified Method and PSO (public safety officer) health insurance withheld.
- Classroom work for these could be checked by comparing to student work with instructor-prepared screenshots of his own data entry page(s) and Annuity-Pension Exclusion Calculator printouts. This would eliminate starting new returns and trying to match line by line answers.

Note that all "PRACTICE" returns are full-year residents of your state and county.

All documents are current year. If using prior year software, subtract 1 from year dates.

Interest that is tax-exempt for federal taxes is (just as in real life) taxable by the state, unless otherwise indicated.



Practice Return # 01- Single Practice

Single earns his living as a baker and had health insurance all year through his employer.

Form 13614-C (October 2015)	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 1-3 of this form.
• You are responsible for the information on your return. Please provide complete and accurate information.
• If you have questions, please ask the IRS-certified volunteer preparer.

Part I - Your Personal Information

1. Your first name SINGLE		M.I.	Last name PRACTICE		Telephone number 1-001-000-0001	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		Telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address 524 BATES ST				Apt #	City YOUR CITY	State YOUR STATE	ZIP code YOUR ZIP
4. Your Date of Birth 1/22/1966	5. Your job title BAKER		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 on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure							
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Part II - Marital Status and Household Information

1. As of December 31, 2015, were Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. Employee's social security number 001-00-0001			
b. Employer identification number (EIN) 40-1XXXXXX		1. Wages, tips, other compensation \$35,264.24	2. Federal income tax withheld \$3,758.57
c. Employer's name, address, city state and ZIP Code CITY BAKERY 1515 SOUTH MAIN YOUR CITY, YOUR STATE, YOUR ZIP		3. Social security wages \$35,264.24	4. Social security tax withheld 2,186.38
		5. Medicare wages and tips \$35,264.24	6. Medicare tax withheld \$511.33
		7. Social security tips	8. Allocated tips
d. Control number		9.	10. Dependant care benefits
e. Employee's name (first, initial, last), address, city, state and ZIP code SINGLE PRACTICE 524 BATES ST YOUR CITY, YOUR STATE, YOUR ZIP		11. Nonqualified plans	
		12a. See instructions for box 12 DD \$3,600.00	
		13. Statutory Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>	
		14. Other	
15. State YS	Employer's state ID number 901XXXX	16. State wages, tips, etc. \$35,264.24	17. State income tax \$1,541.66
		18. Local wages, tips, etc.	19. Local income tax
		20. Locality name	
<p>Form W-2 Wage and Tax Statement 2016 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>			

Practice Return # 02– HOH Practice

HOH works as a consultant and chose not to purchase health insurance for herself or her daughter Sally.

Form 13614-C (October 2015)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964												
You will need: <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 1-3 of this form. • You are responsible for the information on your return. Please provide complete and accurate information. • If you have questions, please ask the IRS-certified volunteer preparer. 												
Part I – Your Personal Information														
1. Your first name HOH	M.I. PRACTICE	Last name PRACTICE												
2. Your spouse's first name	M.I.	Last name												
3. Mailing address 4459 WEST LEE ST	Apt #	City YOUR CITY												
4. Your Date of Birth 1/22/1966	5. Your job title CONSULTANT	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 on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure														
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Part II – Marital Status and Household Information														
1. As of December 31, 2015, were you: <input checked="" type="checkbox"/> Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) <input type="checkbox"/> Married a. If Yes, Did you get married in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced Date of final decree _____ <input type="checkbox"/> Legally Separated Date of separate maintenance agreement _____ <input type="checkbox"/> 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 <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 12/31/15 (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)	Did this person have less than \$4,000 of income? (yes/no)	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) SALLY H PRACTICE	(b) 11/15/2005	(c) DAUGHTER	(d) 12	(e) Y	(f) Y	(g) S	(h) Y	(i) N						



a. Employee's social security number 001-00-0002						
b. Employer identification number (EIN) 15-8XXXXXX		1. Wages, tips, other compensation \$58,985.42		2. Federal income tax withheld \$6,657.10		
c. Employer's name, address, city state and ZIP Code ACE CONSULTING 66 WALL ST YOUR CITY, YOUR STATE, YOUR ZIP		3. Social security wages \$58,985.42		4. Social security tax withheld 3,657.10		
		5. Medicare wages and tips \$58,985.42		6. Medicare tax withheld \$855.29		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code HOH PRACTICE 4459 WEST LEE ST YOUR CITY, YOUR STATE, YOUR ZIP		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12d.		
15. State YS	Employer's state ID number 851XXXX	16. State wages, tips, etc. \$58,985.42	17. State income tax \$4,128.73	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 Wage and Tax Statement 2016**
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP		Payer's RTN (optional)		2016 Form 1099-INT		Interest Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
PAYER'S Federal identification number 56-3XXXXXX		RECIPIENT'S identification number 001-00-0002		1 Interest income \$252.36		
RECIPIENT'S name, address, city, state, and ZIP code HOH PRACTICE 4459 WEST LEE ST YOUR CITY, YOUR STATE, YOUR ZIP		2 Early withdrawal penalty \$25.23		3 Interest on US Savings Bonds and Treas. obligations		
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$25.00		5 Investment expenses		
Account number (see instructions)		6 Foreign Tax Paid		7 Foreign Country or US possession		
		8 Tax exempt interest		9 Specified private activity bond interest		
		10 Market Discount		11 Bond Premium		
		12		13 Bond Premium on tax-exempt bond		
		14 Tax-exempt and tax credit bond CUSIP no.		15 State YS	16 State Identification no 200XXX	17 State tax withheld

Form **1099-INT**

CORRECTED (if checked)

Dividends and Distributions

PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP		1 Total Ordinary Dividends \$75.95	2016 Form 1099-DIV	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S Federal identification number 56-3XXXXXX		1b Qualified Dividends \$62.50		
RECIPIENT'S identification number 001-00-0002		2c Section 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code HOH PRACTICE 4459 WEST LEE ST YOUR CITY, YOUR STATE, YOUR ZIP		3 Nondividend distributions	4 Federal income tax withheld \$15.85	
FATCA filing requirement <input type="checkbox"/>		6 Foreign Tax Paid	7 Foreign Country or US possession	
Account number (see instructions)		8 Cash liquidation distributions	9 Noncash liquidation distribution	
		10 Exempt-Interest dividends	11 Specified private activity bond interest dividends	
		12 State NC	13 State Identification no. 200XXXX	
		14 State tax withheld \$12.73		

Form **1099-DIV**

Practice Return # 03– Senior Practice

Senior and his wife Janice are both retired and were on Medicare all year. They want to file a joint return.

Form 13614-C (October 2015)	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 1-3 of this form.
 - You are responsible for the information on your return. Please provide complete and accurate information.
 - If you have questions, please ask the IRS-certified volunteer preparer.

Part I – Your Personal Information

1. Your first name SENIOR	M.I.	Last name PRACTICE	Telephone number 100-100-0004	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name JANICE	M.I.	Last name PRACTICE	Telephone number 100-100-0004	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 1919 JONES AVE		Apt #	City YOUR CITY	State YOUR STATE
4. Your Date of Birth 09/17/1940		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 03/11/1942		8. Your spouse's job title RETIRED		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 on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2015, were you: Single Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2015? Yes No

b. Did you live with your spouse during any part of the last six months of 2015? Yes No



<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP			Payer's RTN (optional)		20 16 Form 1099-INT	Interest Income
			1 Interest income			
PAYER'S Federal identification number 56-3XXXXXX			RECIPIENT'S identification number 001-00-0004		Copy B For Recipient	
			3 Interest on US Savings Bonds and Treas. obligations \$750.00			
RECIPIENT'S name, address, city, state, and ZIP code SENIOR PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP			4 Federal income tax withheld \$75.00		5 Investment expenses	
			6 Foreign Tax Paid		7 Foreign Country or US possession	
			8 Tax exempt interest		9 Specified private activity bond interest	
			10 Market Discount		11 Bond Premium	
Account number (see instructions)			12		13 Bond Premium on tax-exempt bond	
			14 Tax-exempt and tax credit bond CUSIP no.		15 State YS	
17 State tax withheld						
Form 1099-INT						

<input type="checkbox"/> CORRECTED (if checked)				Dividends and Distributions	
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP		1 Total Ordinary Dividends \$680.00	2016 Form 1099-DIV		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		1b Qualified Dividends \$680.00			
		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain		
PAYER'S Federal identification number 56-3XXXXXX	RECIPIENT'S identification number 001-00-0004	2c Section 1202 gain	2d Collectables (28%) gain		
RECIPIENT'S name, address, city, state, ZIP code SENIOR AND JANICE PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP		3 Nondividend distributions	4 Federal income tax withheld \$68.00		
		6 Foreign Tax Paid	5 Investment expenses		
		8 Cash liquidation distributions	7 Foreign Country or US possession		
		10 Exempt-Interest dividends	9 Noncash liquidation distribution		
	FATCA filing requirement <input type="checkbox"/>	11 Specified private activity bond interest dividends			
Account number (see instructions)		12 State NC	13 State Identification no. 200XXXX	14 State tax withheld \$34.00	
Form 1099-DIV					

<input type="checkbox"/> CORRECTED (if checked)				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YC, YS YZ		1 Gross distribution \$9,600.00	2016 Form 1099-R		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service
		2a Taxable amount \$9,600.00			
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>		
PAYER'S Federal identification number 56-3XXXXXX	RECIPIENT'S identification number 001-00-0004	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$960.00		
RECIPIENT'S name, address, city, state, ZIP code SENIOR PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR 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 <input checked="" type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$480.00	13. State/Payer's state no. YS 275XXXXXX	14. State Distribution \$9,600.00	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	
Form 1099-R					

<input type="checkbox"/> CORRECTED (if checked)		2016 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code YOUR CITY POLICE DEPARTMENT 105 N MAIN ST YC, YS YZ		1 Gross distribution \$18,546.37		
		2a Taxable amount \$18,546.37		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 63-4XX0012	RECIPIENT'S identification number 400-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,854.63	
RECIPIENT'S name, address, city, state, ZIP code JANICE E PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR 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 <input type="checkbox"/>	8 Other %
		9a Your percentage of total distribution %		9b Total Employee Contributions
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$927.00	13. State/Payer's state no. YS 275XXXXXX	14. State Distribution \$18,546.37
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution
Form 1099-R				

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

This information is being furnished to the Internal Revenue Service

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2016		○ PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. ○ SEE THE REVERSE FOR MORE INFORMATION.																					
Box 1. Name SENIOR PRACTICE		Box 2. Beneficiary's Social Security 001-00-0004																					
Box 3. Benefits Paid in 2016 \$9,600.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) \$9,600.00																					
<table border="1"> <thead> <tr> <th colspan="2">DESCRIPTION OF AMOUNT IN BOX 3</th> </tr> </thead> <tbody> <tr> <td>Paid by check or direct deposit</td> <td align="right">\$7,816.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td align="right">\$1,462.00</td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td align="right">\$322.00</td> </tr> <tr> <td>Total Additions</td> <td align="right">\$9,600.00</td> </tr> <tr> <td>Benefits for 2016</td> <td align="right">\$9,600.00</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3		Paid by check or direct deposit	\$7,816.00	Medicare Part B premiums deducted from your benefits	\$1,462.00	Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$322.00	Total Additions	\$9,600.00	Benefits for 2016	\$9,600.00	<table border="1"> <thead> <tr> <th colspan="2">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td colspan="2">Box 6. Voluntary Federal Income Tax Withheld</td> </tr> <tr> <td colspan="2">Box 7. Address SENIOR PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP</td> </tr> <tr> <td colspan="2">Box 8. Claim Number (use this number if you need to contact SSA) 001-00-0004A</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 4		Box 6. Voluntary Federal Income Tax Withheld		Box 7. Address SENIOR PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP		Box 8. Claim Number (use this number if you need to contact SSA) 001-00-0004A	
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Benefits for 2015																							
Benefits for 2014																							
Benefits for 2013																							

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 16

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

Box 1. Name JANICE E PRACTICE		Box 2. Beneficiary's Social Security 400-00-XXXX																														
Box 3. Benefits Paid in 2016 \$12,600.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) \$12,600.00																														
<table border="1"> <thead> <tr> <th colspan="2">DESCRIPTION OF AMOUNT IN BOX 3</th> <th>DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td>Paid by check or direct deposit</td> <td align="right">\$10,434.00</td> <td></td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td align="right">\$1,462.00</td> <td></td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td align="right">\$504.00</td> <td></td> </tr> <tr> <td>Total Additions</td> <td align="right">\$12,600.00</td> <td></td> </tr> <tr> <td>Benefits for 2016</td> <td align="right">\$12,600.00</td> <td></td> </tr> <tr> <td>Benefits for 2015</td> <td></td> <td></td> </tr> <tr> <td>Benefits for 2014</td> <td></td> <td></td> </tr> <tr> <td>Benefits for 2013</td> <td></td> <td></td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	Paid by check or direct deposit	\$10,434.00		Medicare Part B premiums deducted from your benefits	\$1,462.00		Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$504.00		Total Additions	\$12,600.00		Benefits for 2016	\$12,600.00		Benefits for 2015			Benefits for 2014			Benefits for 2013			<table border="1"> <tr> <td>Box 6. Voluntary Federal Income Tax Withheld \$200.00</td> </tr> <tr> <td>Box 7. Address JANICE E PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP</td> </tr> <tr> <td>Box 8. Claim Number (use this number if you need to contact SSA) 400-00-XXXXA</td> </tr> </table>	Box 6. Voluntary Federal Income Tax Withheld \$200.00	Box 7. Address JANICE E PRACTICE 1919 JONES AVE YOUR CITY, YOUR STATE YOUR ZIP	Box 8. Claim Number (use this number if you need to contact SSA) 400-00-XXXXA
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4																														
Paid by check or direct deposit	\$10,434.00																															
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Form **SSA-1099-SM**

Practice Return # 04– MFJ Practice

MFJ and his wife Nancy have two children. Tara and Jackson. They also support Nancy’s disabled brother Gary who has lived with them several years. Gary has MS.

MFJ is a limo driver. He received \$159 in unreported tips while driving the limo, always less than \$20 in a month.

MFJ also drives a shuttle for a local car dealer on his days off. The business code is 485999.

Nancy works in advertising, and had family coverage for everyone through her employer.

Form 13614-C (October 2015)	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 1-3 of this form.
 - You are responsible for the information on your return. Please provide complete and accurate information.
 - If you have questions, please ask the IRS-certified volunteer preparer.

Part I – Your Personal Information

1. Your first name MFJ	M.I.	Last name PRACTICE	Telephone number 100-100-0005	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name NANCY	M.I.	Last name PRACTICE	Telephone number 100-XXX-XXXX	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 1122 BORING DR		Ap#	City YC	State YS ZIP code YZ
4. Your Date of Birth 11/27/1968	5. Your job title DRIVER		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 08/05/1969	8. Your spouse's job title ADVERTISING		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 on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you or your spouse:				
a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II – Marital Status and Household Information

1. As of December 31, 2015, were you:

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

Married a. If Yes, Did you get married in 2015? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2015? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance agreement _____

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

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 12/31/15 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	To be completed by a Certified Volunteer Preparer				
									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)	Did this person have less than \$4,000 of income? (yes/no)	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 PRACTICE	8-22-2007	SON	12	Y	Y	S	Y	N					
TARA PRACTICE	5-24-1996	DAUGHTER	12	Y	Y	S	N	N					
GARY WALLACE	6-9-1975	BROTHER	12	Y	Y	S	N	Y					

Social Security

001-00-0005

THIS NUMBER HAS BEEN ESTABLISHED FOR

MFJ PRACTICE

For Tax-Aide Training Purposes Only

Social Security

500-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

NANCY T PRACTICE

For Tax-Aide Training Purposes Only

Social Security

501-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

JACKSON L PRACTICE

For Tax-Aide Training Purposes Only

Social Security

502-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

TARA A PRACTICE

For Tax-Aide Training Purposes Only

Social Security

503-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

GARY O WALLACE

For Tax-Aide Training Purposes Only

a. Employee's social security number 001-00-0005						
b. Employer identification number (EIN) 95-9XXXXXX		1. Wages, tips, other compensation \$32,987.00		2. Federal income tax withheld \$3,298.70		
c. Employer's name, address, city state and ZIP Code DELUXE LIMO SERVICE 409 AIRPORT RD YC, YS YZ		3. Social security wages \$35,987.00		4. Social security tax withheld 2,231.19		
		5. Medicare wages and tips \$35,987.00		6. Medicare tax withheld 521.81		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code MFJ PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$3,000.00		
		13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12d.		
15. State YS	Employer's state ID number 275	16. State wages, tips, etc. \$32,987.00	17. State income tax \$1,115.60	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
Form W-2 Wage and Tax Statement 2016 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 500-00-XXXX						
b. Employer identification number (EIN) 86-2XXXXXX		1. Wages, tips, other compensation \$34,862.60		2. Federal income tax withheld \$3,486.21		
c. Employer's name, address, city state and ZIP Code SUBTLE ADVERTISING 555 SWANK ST YC, YS YZ		3. Social security wages \$38,462.60		4. Social security tax withheld \$2,384.68		
		5. Medicare wages and tips \$38,462.60		6. Medicare tax withheld 557.71		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code NANCY T PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$3,600.00		
		13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b. DD \$5,495.00		
		14. Other		12c.		
				12d.		
15. State YS	Employer's state ID number 275XXXXXX	16. State wages, tips, etc. \$34,862.60	17. State income tax \$1,743.10	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
Form W-2 Wage and Tax Statement 2016 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, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP		1 Total Ordinary Dividends \$679.00	2016 Form 1099-DIV		Dividends and Distributions
PAYER'S Federal identification number 56-3XXXXXX		1b Qualified Dividends \$679.00			
RECIPIENT'S name, address, city, state, ZIP code NANCY T PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain		
RECIPIENT'S identification number 500-00-XXXX	2c Section 1202 gain	2d Collectables (28%) gain			
RECIPIENT'S name, address, city, state, ZIP code NANCY T PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		3 Nondividend distributions	4 Federal income tax withheld \$67.90		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
FATCA filing requirement <input type="checkbox"/>		6 Foreign Tax Paid \$12.33	5 Investment expenses		
Account number (see instructions)		8 Cash liquidation distributions	7 Foreign Country or US possession		
12 State NC		10 Exempt-Interest dividends	11 Specified private activity bond interest dividends		
13 State Identification no. 200XXXX		14 State tax withheld			
15a Section 409A deferrals		15b Section 409A income			
Form 1099-DIV					

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code JACK LEMON AUTO 409 SPEED BLVD YC, YS YZ		1 Rents	2016 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number 65-4XXXXXX		2 Royalties			
RECIPIENT'S name, address, city, state, ZIP code MFJ PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		3 Other Income	4 Federal income tax withheld		
RECIPIENT'S identification number 001-00-0005	5 Fishing boat proceeds	6 Medical and health care payments			
RECIPIENT'S name, address, city, state, ZIP code MFJ PRACTICE 1122 BORING DR YOUR CITY, YOUR STATE, YOUR ZIP		7 Nonemployee Compensation \$1,675.00	8 Substitute payments in lieu of dividends or interest		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
FATCA filing requirement <input type="checkbox"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
Account number (see instructions)		11	12		
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
15a Section 409A deferrals		15b Section 409A income			
16 State tax withheld		17 State/Payer's state no.		18 State income	
Form 1099-MISC					

Practice Return # 05– MFS Practice

MFS is married, but has not been lived with her husband Fred Carpenter for several years. His SSN is 600-XX-XXXX. Neither itemizes. She had health insurance all year through her employer.



Form 13614-C (October 2015)	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 1-3 of this form.
• You are responsible for the information on your return. Please provide complete and accurate information.
• If you have questions, please ask the IRS-certified volunteer preparer.

Part I – Your Personal Information

1. Your first name MFS	M.I.	Last name PRACTICE	Telephone number 1-001-000-0006	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	Telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 666 GRACE AVE		Apt # A-3	City YOUR CITY	State YOUR STATE ZIP code YOUR ZIP
4. Your Date of Birth 9/23/1963	5. Your job title ENGINEER		6. Last year, were you: 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: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2015, were you: Single Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2015? Yes No

b. Did you live with your spouse during any part of the last six months of 2015? Yes No

a. Employee's social security number 001-00-0006					
b. Employer identification number (EIN) 84-4XXXXXX	1. Wages, tips, other compensation \$41,860.00	2. Federal income tax withheld \$4,186.00			
c. Employer's name, address, city state and ZIP Code SUPERIOR ENGINEERING 4455 SUPERIOR WAY YC, YS YZ	3. Social security wages \$41,860.00	4. Social security tax withheld 2,595.32			
	5. Medicare wages and tips \$41,860.00	6. Medicare tax withheld 606.97			
	7. Social security tips	8. Allocated tips			
d. Control number	9.	10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code MFS PRACTICE 666 GRACE AVE A-13 YC, YS YZ	11. Nonqualified plans	12a. See instructions for box 12 D \$6,400.00			
	13. Statutory Employee <input type="checkbox"/> Retiree Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>	12b.			
	14. Other	12c.			
		12d.			
15. State Employer's state ID number 275XXXXXX	16. State wages, tips, etc. \$41,860.00	17. State income tax \$2,093.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2** **Wage and Tax Statement** **2016**
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

PAYER'S name, address, city, state, ZIP code INVESTOR MAGIC 2001 WALL ST YC, YS YZ			Applicable Check Box on Form 8949 D	2016 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
PAYER'S Federal identification number			1a Description of Property (Example 100 sh. XYZ Co.) 125 SH BIG TECH CORP		
RECIPIENT'S identification number 001-00-0006			1b Date acquired 04/01/2010	1c Date sold or disposed 07/21/2016	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, city, state, ZIP code MFS PRACTICE 666 GRACE AVE A-13 YC, YS YZ			1d Proceeds \$5,592.00	1e Cost or other basis \$12,500.00	
Account number (see instructions)			1f Code, if any	1g Adjustments	
CUSIP number			2 Type of Gain or loss Short term <input type="checkbox"/> Long term <input checked="" type="checkbox"/>	3 If checked, basis reported to IRS <input checked="" type="checkbox"/>	
14 State Name YZ	15 State identification no. 275XXXXXX	18 State tax withheld	4 Federal income tax withheld	5 If checked, noncovered security <input type="checkbox"/>	
Form 1099-B			6 Reported to IRS Gross proceeds <input type="checkbox"/> Net proceeds <input checked="" type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>	
			8 Profit or (loss) realized in 2016 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2015	
			10 Unrealized profit or (loss) on open contracts - 12/31/2016	11 Aggregate profit or (loss) on contracts	
			12	12 Bartering	

MFS would like direct deposit or direct debit, if available.

MFS PRACTICE	1234
666 GRACE AVE A-13	
YC, YS YZ	
PAY TO THE ORDER OF _____	\$ _____
Your Bank _____	DOLLARS
Bank City, State, ZIP Code _____	
For _____	
 : 325070760 : 987129999 1234	

Practice Return # 06– Extra Practice

MFJ and his wife Ellen are both retired and on Medicare all year.

Form 13614-C (October 2015)	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 1-3 of this form.
 • You are responsible for the information on your return. Please provide complete and accurate information.
 • If you have questions, please ask the IRS-certified volunteer preparer.

Part I – Your Personal Information

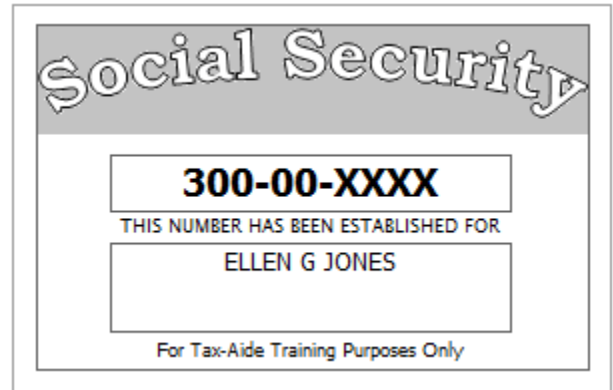
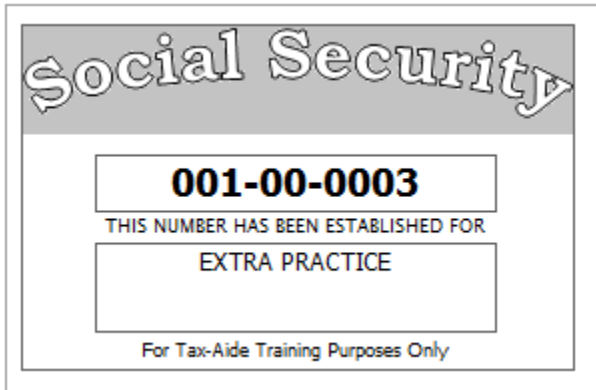
1. Your first name EXTRA	M.I.	Last name PRACTICE	Telephone number 1100000003	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name ELLEN	M.I.	Last name JONES	Telephone number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 357 WIDE RD		Apt #	City YC	State YS ZIP code YZ
4. Your Date of Birth 08/29/1950	5. Your job title THERAPIST		6. Last year, were you:	
7. Your spouse's Date of Birth 04/15/1949	8. Your spouse's job title OFFICE MANAGER		9. Last year, was your spouse:	
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure		11. Have you or your spouse:		
		a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II – Marital Status and Household Information

1. As of December 31, 2015, were you: Single Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2015? Yes No

b. Did you live with your spouse during any part of the last six months of 2015? Yes No



<input type="checkbox"/> CORRECTED (if checked)		2016		Dividends and Distributions	
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YOUR CITY, YOUR STATE YOUR ZIP		1 Total Ordinary Dividends \$975.95	1b Qualified Dividends \$862.50	Form 1099-DIV	
		2a Total capital gain distr. \$93.00	2b Unrecap. Sec. 1250 gain		
PAYER'S Federal identification number 56-3XXXXXX	RECIPIENT'S identification number 300-00-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address, city, state, ZIP code ELLEN G JONES 357 WIDE RD YOUR CITY, YOUR STATE, YOUR ZIP		3 Nondividend distributions	4 Federal income tax withheld \$97.60		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
		8 Cash liquidation distributions	9 Noncash liquidation distribution		
	FATCA filing requirement <input type="checkbox"/>	10 Exempt-Interest dividends	11 Specified private activity bond interest dividends		
Account number (see instructions) NC		12 State NC	13 State Identification no. 200XXXX	14 State tax withheld \$46.24	
Form 1099-DIV					

<input type="checkbox"/> CORRECTED (if checked)		2016 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code STATE CONSTRUCTION COMPANY P O BOX 9995 YC, YS YZ		1 Gross distribution \$11,295.00			
		2a Taxable amount \$11,295.00			
		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 Internal Revenue Service
PAYER'S Federal identification number 63-4XX0012	RECIPIENT'S identification number 001-00-0003	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,130.00		
RECIPIENT'S name, address, city, state, ZIP code EXTRA PRACTICE 357 WIDE RD YOUR CITY, YOUR STATE, YOUR 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 <input type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$585.00	13. State/Payer's state no. YS 275XXXXXX	14. State Distribution \$11,295.00	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	
Form 1099-R					

<input type="checkbox"/> CORRECTED (if checked)		2016 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code OUR STATE BANK 84 RICH BLVD YC, YS YZ		1 Gross distribution \$10,800.00			
		2a Taxable amount \$10,800.00			
		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 Internal Revenue Service
PAYER'S Federal identification number 56-3XXXXXX	RECIPIENT'S identification number 300-00-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,080.00		
RECIPIENT'S name, address, city, state, ZIP code ELLEN G JONES 357 WIDE RD YOUR CITY, YOUR STATE, YOUR 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 <input checked="" type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %	9b Total Employee Contributions		
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$540.00	13. State/Payer's state no. YS 275XXXXXX	14. State Distribution \$10,800.00	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	
Form 1099-R					

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 16 <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name EXTRA PRACTICE		Box 2. Beneficiary's Social Security 001-00-0003
Box 3. Benefits Paid in 2016 \$12,350.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) \$12,350.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$10,769.20 Medicare Part B premiums deducted from your benefits \$1,258.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$322.00 Total Additions \$12,350.00 Benefits for 2016 \$12,350.00 Benefits for 2015 Benefits for 2014 Benefits for 2013		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld Box 7. Address EXTRA PRACTICE 357 WIDE RD Box 8. Claim Number (use this number if you need to contact SSA) 001-00-0003A

Form **SSA-1099-SM**

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20 16 <input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name ELLEN G JONES		Box 2. Beneficiary's Social Security 300-00-XXXX
Box 3. Benefits Paid in 2016 \$15,975.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) \$15,975.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$13,791.20 Medicare Part B premiums deducted from your benefits \$1,258.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$425.00 Total Additions \$15,975.00 Benefits for 2016 \$15,975.00 Benefits for 2015 Benefits for 2014 Benefits for 2013		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld \$500.00 Box 7. Address ELLEN G JONES 357 WIDE RD YOUR CITY, YOUR STATE, YOUR ZIP Box 8. Claim Number (use this number if you need to contact SSA) 300-00-XXXXA

Form **SSA-1099-SM**

PRACTICE Returns line by line answers	1040 Line #	Single Practice	HoH Practice	Senior Practice	MFJ Practice	MFS Practice	Extra Practice
Fed Amount Owed/Refund	76/78	474	1,138	2,145	3,004	136	2,632
NC Amount Owed/Refund	33**	(54)	1522	646	(206)	204	702
Filing status		Single	HoH	MFJ	MFJ	MFS	MFJ
Wages	7	35,264	58,985		68,009	41,860	
Taxable Interest	8a		252	750			
Tax-Exempt Interest	8b						
Ordinary Dividends	9a		76	680	679		976
Qualified Dividends	9b		63	680	679		863
State Tax Refund	10						
Alimony Received	11						
Schedule C	12				1,675		
<i>Sch. C Expenses</i>					0		
Capital Gains	13		18			(1,500)	93
1099-Rs - IRA	15a						
Taxable 1099-Rs - IRA	15b			9,600			10,800
1099-Rs - Pension	16a						
Taxable 1099-Rs - Pension	16b			18,546			11295
Rent, royalty	17						
Unemployment	19						
Social Security	20a			22,200			28,325
Taxable Social Security	20b			4,338			2,664
Other income	21						
TOTAL INCOME	22	35,264	59,331	33,914	70,363	40,360	25,828
Educator Expense	23						
Ded Part of SE tax	27				119		
Penalty early withdrawal	30		25				
Alimony paid	31						
IRA deduction	32						
Student Loan Interest	33						
Tuition & Fees	34						
Jury duty pay to employer	under 35 in pdf						
AGI	37/38	35,264	59,306	33,914	70,244	40,360	25,828
Standard/ Itemized Deductions	40	6,300	9,250	15,100	12,600	6,300	15,100
Exemptions	42	4,000	8,000	8,000	20,000	4,000	8,000
Taxable income	43	24,964	42,056	10,814	37,644	30,060	2,728
Excess adv premium tax credit	46						
Tax	47	3,285	5,639	1,013	4,624	4,050	176
Foreign Tax Credit	48				12		
Child & Dependent Care	49						
Education Credit - f8863	50						
Retirement Savings Credit	51						
Child Tax Credit	52		1,000		1,000		
Residential Energy Credits	53						
Total credits	55	0	1,000	0	1,012	0	0
Self Employment Tax	57				237		
SS/MC from 4137	58						
Additional tax on IRAs	59						
Repayment of FTHBC	60b						
Shared Responsibility Pymt	61		921				
Other taxes	62						
Total tax	63	3,285	5,560	1,013	3,849	4,050	176
Federal Tax withheld	64	3,759	6,698	3,158	6,853	4,186	2,808
Estimated Tax Payments	65						
EIC	66a						
Additional Child Tax Credit	67						
American Opportunity Credit	68						
Net premium tax credit	69						
Total payments	74	3,759	6,698	3,158	6,853	4,186	2,808
Overpaid	75	474	1,138	2,145	3,004	136	2,632
Federal Refund	76	474	1,138	2,145	3,004	136	2,632
Apply to 2016	77						
Balance Due	78						

NC Line by Line Answers		Single Practice	HoH Practice	Senior Prattice	MFJ Practice	MFS Practice	Extra Practice
	Line #						
Federal adjusted gross	6	\$35,264	59306	33914	70244	40360	25828
Additions to Fed Taxable	7						
Deductions from Fed Tax	9			5088			2664
Standard/Itemized Deductions	11	\$7,500	12000	15000	15000	7500	15000
Calc-NC Taxable Income	14	\$27,764	47306	13826	55244	32860	8164
NC Income Tax	15	\$1,596	2720	795	3177	1889	469
Tax Credits	16		100		112		
Consumer Use Tax	18						
TP NC Income Tax WH	20a	\$1,542	4142	514	1116	2093	585
SP NC Income Tax WH	20b			927	1743		586
2015 Estimated Tax	21a						
Calc - Pay This Amount	27	\$54			206		
Calc - Overpayment	28		1522	646		204	702
Amt to 2016 est tax	29						
NC Wildlife Fund	30						
NC Refund	33**		1522	646		204	702
Interest from other states	Sch S L1						
State or local income tax	Sch S L5						
Interest Taxed by NC	Sch S L6			750			
Bailey Retirement benefit	Sch S L8						
Other deductions	Sch S L11						
Portion taxed outside NC	400TC L2				679		
Tax paid outside NC	400TC L6				12		
Credit for children	400TC L8		100		100		
last NC chg							

Add-ons for Other Training Days – A Beginning List

Add-ons for Single PRACTICE

- EIC Checklist, lower the W-2 wages to \$11264. Ask what needs to be done next?
- Retirement savings credit could be from W-2 Box 12 or 14 or direct contributions

Add-ons for HoH PRACTICE

- Child/dependent care credit, add day care costs of \$2650 paid to Happy Day Care Center (98-XXXXXX) at 569 Quiet Lane, YC, YS, YZ.
- EIC Checklist, lower the W-2 wages to \$18,985. Ask what needs to be done next?
EIC – what if not a dependent or not supported?
What else might be affected by this change in income?
- Dependent care.
- Retirement savings credit could be from W-2 Box 12 or 14 or direct contributions
- Advance EIC in Box 9 of W-2

Add-ons for Senior PRACTICE

- the Simplified Method, make the following changes to Janice's 1099-R from the police department.
 1. Change the taxable amount in box 2a to \$17,921 and add \$21264 to box 9b Total Employee Contributions. Janice retired April 1, 2007, after 30 years with the police department. Make appropriate changes in the return. Does this cause any needed entries on the state return?
 2. Delete the taxable amount in box 2a and check box 2b Taxable amount not determined. Make appropriate changes in the return. Does this cause any needed entries on the state return?
- the public safety officer insurance deductions, add \$3168 to box 5 of Janice's 1099-R from the police department. What happens to the extra \$168?
- a code 1 early IRA distribution and exceptions on form 5329, change the code in box 7 to 1 on Senior's 1099-R.
 1. Ask what to put on form 5329 if the early distribution had been made for home repairs.
 2. What if they had used the money to pay the down payment on their first home in 2016 (having been renters until then)?
 3. What if they had taken money from their savings to pay \$20,000 in unreimbursed medical bills?

Add-ons for MFJ PRACTICE

- Unreimbursed medical expenses were \$9,756. They donated
- taxable scholarships (1040 line 7), change the 1098-T to with a restricted scholarship of \$9000 and qualified expenses of 7500. Use Forms Generator
- Include a 1098-T to with a Pell grant of \$4500 and qualified expenses of 3750. Use Forms Generator
- Add retirement savings
- HSA
- Dependent care (and child too old or turned 13 during year)

Add-ons for Extra PRACTICE

- A code 3 disability IRA distribution, on MFJ's 1099-R change the code in box 7 to 3 and his birth date to 1960. Ask what else then needs to be done.
- IRA rollovers, on Ellen's 1099-R
 1. Delete the amt in box 2a, check box 2b, & change the code in box 7 to G. Ask what else then needs to be done.
 2. Ellen tells you she deposited all of the IRA distribution into another IRA six-weeks after the distribution. What needs to be done?
- Add retirement savings credit could be from W-2 Box 12 or 14 or direct contributions

Add-ons for Any Return

- Interest not on a 1099, add an OUR BANK statement shows \$9.42 in interest credited last year.
- Different types of interest (1040 line 8)
 - \$850 from Bank of America
 - \$775 from a US Savings Bond at Wells Fargo
 - \$666 from bond from city of Richmond, VA
 - \$123 from XYZ in box 3 of 1099-DIV
 - “Nondividend distribution”
 - \$500 from municipal bond fund (10% YS)
 - \$100 from California State Bond Fund \$1100 for seller-financed mortgage
- Different types of dividends (1040 line 9)
- Taxable state refunds (1040 line 10) – some taxable and some not
- Alimony received (1040 line 11)
- Sch C (1040 line 12)
- Capital gains (1040 line 13)
- Sch E (1040 line 17)
- Social Security lump sum payments (1040 line 20)
- Other income (1040 line 21)
 - add 120 jury duty pay.
- educator expenses (1040 line 23)
 - \$350 and itemize
- HSA (1040 line 25)
 - W-2 with a W in box 12
 - 1099-SA with an X in box 5
 - 5498-SA (shows HSA contributions)
- Alimony paid (1040 line 31)
- IRA contributions (1040 line 32) and Roth contributions
- Student loan interest (33)
- Jury duty pay returned to employer (1040 line 35-36) – shows on pdf but not on 1040 summary view
- Specific itemized deductions (1040 line 40)
- ACA scenarios (1040 lines 46, 61, 69), take some scenarios from ACA section of workbook.
- Residential energy credits
- Estimated payments and payments with prior year return (fed and state)

- 1099-MISC box 7, add a 1099-MISC from Jack Lemon Auto (45-6XXXXXX, 664 S Main, YC, YS, YZ), with \$2750 in box 7.

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code Jack Lemon Auto 409 SPEED BLVD YC, YS YZ		1 Rents	2016 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 45-6XXXXXX		2 Royalties		
RECIPIENT'S name, address, city, state, ZIP code _____ PRACTICE SAME AS INTAKE SHEET YC, YS, YZ		3 Other Income	4 Federal income tax withheld	Copy B For Recipient
RECIPIENT'S identification number 001-00-00XX		5 Fishing boat proceeds	6 Medical and health care payments	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	7 Nonemployee Compensation \$2,750.00	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.
15a Section 409A deferrals		15b Section 409A income	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney	10 Crop Insurance proceeds	
11		12	16 State tax withheld	17 State/Payer's state no.
15a Section 409A deferrals		15b Section 409A income	16 State tax withheld	17 State/Payer's state no.
18 State income		-----		
Form 1099-MISC				

- 1099-MISC box 5, add a 1099-MISC from Fisherman's Dream (55-6XXXXXX, 845 Bay Ave, YC, YS, YZ), with \$2250 in box 5. **Should recognize as Out of Scope.**

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code FISHERMAN'S DREAM 845 BAY AVE YC, YS YZ		1 Rents	2016 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 55-6XXXXXX		2 Royalties		
RECIPIENT'S name, address, city, state, ZIP code _____ PRACTICE SAME AS INTAKE SHEET YC, YS, YZ		3 Other Income	4 Federal income tax withheld	Copy B For Recipient
RECIPIENT'S identification number 001-00-00XX		5 Fishing boat proceeds \$2,250.00	6 Medical and health care payments	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	7 Nonemployee Compensation	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.
15a Section 409A deferrals		15b Section 409A income	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney	10 Crop Insurance proceeds	
11		12	16 State tax withheld	17 State/Payer's state no.
18 State income		-----		
Form 1099-MISC				

- 1099-MISC box 3, add a 1099-MISC from Prize Awards, Inc (65-6XXXXXX, 777 Winning Way, YC, YS, YZ), with \$5000 in box 3.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code PRIZE AWARDS, INC 777 WINNING WAY YC, YS YZ		1 Rents	2016 Form 1099-MISC	Miscellaneous Income	
		2 Royalties			
		3 Other Income \$5,000.00	4 Federal income tax withheld		Copy B For Recipient
PAYER'S Federal identification number 65-6XXXXXX	RECIPIENT'S identification number 001-00-00XX	5 Fishing boat proceeds	6 Medical and health care payments		
RECIPIENT'S name, address, city, state, ZIP code _____ PRACTICE SAME AS INTAKE SHEET YC, YS, YZ		7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.		18 State income
Form 1099-MISC					

- 1099-MISC box 2, add a 1099-MISC from Ace Publishing (75-6XXXXXX, 667 AUTHOR'S AVE, YC, YS, YZ), with \$600 in box 2.

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code ACE PUBLISHING 667 AUTHOR AVE YC, YS YZ		1 Rents	2016 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$600.00			
		3 Other Income	4 Federal income tax withheld		Copy B For Recipient
PAYER'S Federal identification number 75-6XXXXXX	RECIPIENT'S identification number 001-00-00XX	5 Fishing boat proceeds	6 Medical and health care payments		
RECIPIENT'S name, address, city, state, ZIP code _____ PRACTICE SAME AS INTAKE SHEET YC, YS, YZ		7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.		18 State income
Form 1099-MISC					

- 1099-MISC box 1, add a 1099-MISC from BEST SIGNS (85-6XXXXXX, 668 S MAIN YC, YS, YZ), with \$2750 in box 1.

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code BEST SIGNS 668 SOUTH MAIN YC, YS YZ		1 Rents \$1,275.00	2016 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
		2 Royalties		
		3 Other Income	4 Federal income tax withheld	
PAYER'S Federal identification number 85-6XXXXXX	RECIPIENT'S identification number 001-00-00XX	5 Fishing boat proceeds	6 Medical and health care payments	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.
RECIPIENT'S name, address, city, state, ZIP code _____ PRACTICE SAME AS INTAKE SHEET YC, YS, YZ		7 Nonemployee Compensation	8 Substitute payments in lieu of dividends or interest	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds	
		11	12	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
Form 1099-MISC				

- Sch K-1, add one or more of the following K-1's.

Schedule K-1 (Form 1041) Department of the Treasury Internal Revenue Service 2016 For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20____		<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 OMB No. 1545-0082	
Beneficiary's Share of Income, Deductions, Credits, etc. ▶ See back of form and instructions.		Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items	
Part I Information About the Estate or Trust		1 Interest income	11 Final year deductions
A Estate's or trust's employer identification number 90-5XXXXXXX		2a Ordinary dividends 95.66	
B Estate's or trust's name JOHN Q PRACTICE TRUST		2b Qualified dividends 95.66	
C Fiduciary's name, address, city, state, and ZIP code MICHAEL PRACTICE, TRUSTEE 4578 OVERLOOK RD YC, YS YZ		3 Net short-term capital gain	
D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____		4a Net long-term capital gain	
E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust		4b 28% rate gain	12 Alternative minimum tax adjustment
Part II Information About the Beneficiary		4c Unrecaptured section 1250 gain	
F Beneficiary's identifying number 10-0XXXXXXX		5 Other portfolio and nonbusiness income	
G Beneficiary's name, address, city, state, and ZIP code		6 Ordinary business income	
		7 Net rental real estate income	13 Credits and credit recapture
		8 Other rental income	
		9 Directly apportioned deductions	
		10 Estate tax deduction	14 Other information
			A 175.42
			B 9.10

Schedule K - 1 (Form 1065) Department of the Treasury Internal Revenue Service 2016 For calendar year 2016, or tax year beginning _____, 2016, ending _____, 20____		<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	
Partner's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions.		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Income	
Part I Information About the Partnership		1 Ordinary business income (loss)	15 Credits
A Partnership's employer identification number 48-9XXXXXX		2 Net rental real estate income (loss)	
B Partnership's name, address, city, state, and ZIP code INVESTOR MAGIC 555 HIGH ST YC, YS YZ		3 Other net rental income (loss)	16 Foreign transactions
C IRS Center where partnership filed return		4 Guaranteed payments	A VARIOUS
Part II Information About the Partner		5 Interest income \$227.81	B \$321.17
E Partner's identifying number 100-XX-XXXX		6a Ordinary dividends \$321.17	D \$298.56
F Partner's name, address, city, state, and ZIP code		6b Qualified dividends \$257.84	L \$32.12
		7 Royalties \$250.00	
		8 Net short-term capital gain (loss) (\$552.33)	
		9a Net long-term capital gain (loss) \$769.54	17 Alternative minimum tax (AMT) items
		9b Collectables (28%) gain (loss)	
		9c Unrecaptured section 1250 gain	
Note: There are additional fields at the bottom of the actual K-1 that are OUT OF SCOPE.			

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20____

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

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income 122.87		
5a	Ordinary dividends 357.46		
5b	Qualified dividends 357.46	14	Foreign transactions A BELGIUM
6	Royalties	B	357.46
7	Net short-term capital gain (loss)	D	357.46
8a	Net long-term capital gain (loss)	L	17.87
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis A
12	Other deductions		
		17	Other information

Part I Information About the Corporation

A Corporation's employer identification number
90-6XXXXXX

B Corporation's name, address, city, state, and ZIP code
BIG MONEY CORP
2222 BULL AVE
YC, YS YZ

C IRS Center where corporation filed return

Part II Information About the Shareholder

D Shareholder's identifying number
001-00-00XX

E Shareholder's name, address, city, state, and ZIP code
ANY PRACTICE
SAME AS INTAKE SHEET
YC, YS YZ

F Shareholder's percentage of stock ownership for tax year _____ %

For IRS Use Only

* See attached statement for additional information.