


Advanced Scenario 8: Stephanie Winter

Directions

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

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

Interview Notes

- Stephanie is a paralegal, age 26, and single.
- Stephanie has investment income and a consolidated broker's statement.
- Stephanie is self-employed delivering meals for Fast Eats on the weekends. She received a Form 1099-NEC and a Form 1099-K. She received additional cash payments of \$570 including tips.
- Stephanie uses the cash method of accounting. She uses business code 492000.
- Stephanie provided a statement from Fast Eats indicating the fees paid for the year. These fees are considered ordinary and necessary for the food delivery business:
 - \$150 for insulated box rental
 - \$50 for vehicle safety inspection (required by Fast Eats)
 - \$600 for Fast Eats fees
- Stephanie also kept receipts for the following out-of-pocket expenses:
 - \$80 for tolls while making deliveries
 - \$300 for speeding ticket
 - \$160 for Stephanie's lunches
- Stephanie's record keeping application shows she has driven a total of 3,000 miles during and between deliveries.
 - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 2024 was 12,500 miles. Of that, 9,500 miles were personal and commuting miles. Stephanie will take the standard business mileage rate.
- Stephanie is paying on her student loan from 2019, when she completed her undergraduate degree.
- Stephanie is working towards her Juris Doctorate degree to start a new career as a lawyer.
- She took a few college courses this year at an accredited college.
- Stephanie took an early distribution of \$5,000 from her IRA in April. She used \$2,400 of the IRA distribution to pay her educational expenses for the current year. She has never made any non-deductible contributions to her IRA.
- If Stephanie has a refund, she would like it deposited into her checking account.



Form 13614-C (October 2024)		Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet						OMB Number 1545-1964			
Note: Do not complete this form if you (or your spouse) are not a U.S. citizen or green card holder.											
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 returnPicture ID (such as valid driver's license) for you and your spouseComplete pages 1-4 of this form.You are responsible for the information on your return. Provide complete and accurate information.If you have questions, ask the IRS-certified volunteer preparer.											
Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at wi.voltax@irs.gov											
Your first name (pronouns, optional) STEPHANIE		M.I.	Last name WINTER		Your date of birth 03/08/1998		Your job PARALEGAL				
Spouse's first name (pronouns, optional)		M.I.	Last name		Spouse's date of birth		Spouse's job				
Mailing address 160 UNIVERSITY DRIVE				Apt #	City YOUR CITY		State YS	ZIP code YOUR ZIP			
Telephone number YOUR PHONE NUMBER		Email address				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Check if you or your spouse were in 2024:					Legally blind					<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No	
A U.S. citizen		<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No				
In the U.S. on a visa		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Issued an identity protection PIN		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No				
A full-time student		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Do you own or hold any digital assets		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No				
If due a refund , would you like your refund					If you have a balance due , would you like to make a payment directly from						
<input checked="" type="checkbox"/> Direct deposit		<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account		<input type="checkbox"/> Direct debit				
<input type="checkbox"/> Split refund between accounts		<input type="checkbox"/> Other			<input type="checkbox"/> Set up installment agreement		<input checked="" type="checkbox"/> Mail payment to IRS				
Would you like to receive written communications from the IRS in a language other than English					Would you like information on how to vote and/or how to register to vote		Would you like \$3 to go to the Presidential Election Campaign Fund				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		What language			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
As of December 31, 2024, what was your marital status											
<input checked="" type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married for all of 2024			<input type="checkbox"/> Yes <input type="checkbox"/> No				
				Did you live with your spouse during any part of the last six months of 2024			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated		<input type="checkbox"/> Widowed							
Date of final decree		Date of separate maintenance decree		Year of spouse's death							
Can anyone else claim the taxpayer or spouse on their tax return (to be completed by certified volunteer) <input type="checkbox"/> Yes <input type="checkbox"/> No											
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)			To be completed by certified volunteer (Refer to Pub 4012 Tab C)			
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	A U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child dependent	Qualifying relative dependent	Provides tax benefits (HOH, EITC, CTC, etc.)
Catalog Number 52121E											
www.irs.gov											
Form 13614-C (Rev. 10-2024)											

Received money from any of the following in 2024:

⊗ (B/A) Tips

☒ (B/A) Retirement account, pension or annuity proceeds

☐ (B) Disability benefits

☐ (B) Social Security or Railroad Retirement Benefits

☐ (B) Unemployment benefits

☐ (B) Refund of state or local income tax

☒ (B) Interest or dividends (bank account, bonds, etc.)

☒ (A) Sale of stocks, bonds or real estate

Did you report a loss on last year's return ☐ Yes ☒ No

☐ (B) Alimony

☐ (M) Income from renting out your house or a room in your house

If yes, did you use the dwelling unit as a personal residence and rent it for few than 15 days ☐ Yes ☐ No

☐ Income from renting personal property such as a vehicle

☐ Farm activity

☐ Gambling winnings, including lottery

☒ Payments for contract or self-employment work

Did you report a loss on last year's return ☐ Yes ☒ No

☐ Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)

Income to be included (To be completed by certified volunteer)

☐ (B) W-2s Number of forms☐ (B/A) Tips (basic when reported on W2)

☐ (B/A) 1099-R (basic when taxable amount is reported)
Number of forms

☐ (B) SSA-1099, RRB-1099

	Number of forms
<input type="checkbox"/> (B) 1099-G	

☐ Did you receive a refund of state or local taxes ☐ Yes ☐ No

☐ Did you itemize last year ☐ Yes ☐ No

☐ (B) 1099-INT/DIV Number of forms

☐ (A) 1099-B Number of forms _____ (include
brokerage statement) ☐ Capital Loss carryover

☐ (B) Alimony Amount \$ _____
Excluded from income ☐ Yes ☐ No

☐ (M) Rental income☐ Farm income (out of scope)

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)

☐ (A) Schedule C

☐ 1099-MISC Number

☐ 1099-K Number

☐ Other income reported elsewhere

☐ Schedule C expenses

☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)

Notes/Comments

Paid any of the following expenses in 2024:

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, Dental, Prescription Expenses
- ☐ (B) Charitable contributions

Standard or Itemized Deductions (To be completed by certified volunteer) Notes/Comments

- ☐ (B) Taxable state/local income taxes
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2024:

- ☒ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☒ (B/A) Contributions to a retirement account
- ☐ Repayments to a qualified retirement plan
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

Expenses to report (To be completed by certified volunteer)

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (A) IRA, 401(k), etc. deduction
- ☐ (B) Saver's credit
- ☐ (B) Educator expenses deduction
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024:**

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ Have a loss related to a declared federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes
- ☐ Additional information you think we should know

Information to report (To be completed by certified volunteer)

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available _____
- ☐ Additional information for accurate tax preparation

Notes/Comments

The following information is for statistical purposes. These questions are optional.

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| <p>1. Would you say you can carry on a conversation in English <input checked="" type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p> <p>2. Would you say you read a newspaper in English <input checked="" type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p> <p>3. Do you or any member of your household have a disability <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>4. Are you or your spouse a Veteran from the U.S. Armed Forces <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>5. What is your race and/or ethnicity (<i>select all that apply and enter additional details in the spaces below</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native (<i>enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i>)</p> <p><input type="checkbox"/> Asian (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Japanese</td> </tr> </table> <p><i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i></p> <p><input type="checkbox"/> Black or African American (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> Jamaican</td> <td><input type="checkbox"/> Haitian</td> </tr> <tr> <td><input type="checkbox"/> Nigerian</td> <td><input type="checkbox"/> Ethiopian</td> <td><input type="checkbox"/> Somali</td> </tr> </table> <p><i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i></p> <p><input type="checkbox"/> Hispanic or Latino (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Guatemalan</td> </tr> </table> <p><i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Middle Eastern or North African (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Lebanese</td> <td><input type="checkbox"/> Iranian</td> <td><input type="checkbox"/> Egyptian</td> </tr> <tr> <td><input type="checkbox"/> Syrian</td> <td><input type="checkbox"/> Iraqi</td> <td><input type="checkbox"/> Israeli</td> </tr> </table> <p><i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Marshallese</td> </tr> </table> <p><i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i></p> <p><input type="checkbox"/> White (<i>provide details below</i>)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Irish</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Scottish</td> </tr> </table> <p><i>Enter, for example, French, Swedish, Norwegian, etc.</i></p> | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese | <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali | <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian | <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese | <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish | <p>6. 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| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Additional comments

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 USC 301 and 26 USC 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine Individual Master File. You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov](https://www.treasury.gov)/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, 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.

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☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NEW BANK, CUSTODIAN FOR TRADITIONAL IRA OF STEPHANIE WINTER 300 MARIN STREET YOUR CITY, YOUR STATE, ZIP		1 Gross distribution \$ 5,000.00	OMB No. 1545-0119 2024		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 5,000.00	Form 1099-R		
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
PAYER'S TIN 48-200XXXX	RECIPIENT'S TIN 605-00-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 500.00		
RECIPIENT'S name STEPHANIE WINTER Street address (including apt. no.) 160 UNIVERSITY DRIVE City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR 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 <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 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

DO NOT FILE

22222		a Employee's social security number 605-00-XXXX		OMB No. 1545-0008	
b Employer identification number (EIN) 35-800XXXX		1 Wages, tips, other compensation \$ 40,700.00		2 Federal income tax withheld \$ 3,100.00	
c Employer's name, address, and ZIP code WE WIN ASSOCIATES 200 VENTURA BLVD YOUR CITY, YOUR STATE, ZIP		3 Social security wages \$ 41,700.00		4 Social security tax withheld \$ 2585.40	
		5 Medicare wages and tips \$ 41,700.00		6 Medicare tax withheld \$ 604.65	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial STEPHANIE Last name WINTER Suff. 160 UNIVERSITY DRIVE YOUR CITY, YOUR STATE, ZIP		11 Nonqualified plans		12a D \$ 1,000.00	
		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 YS 57-300XXXX	16 State wages, tips, etc. \$ 40,700.00	17 State income tax \$ 800.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement **2024**
Form **W-2** Department of the Treasury - Internal Revenue Service
Copy 1 - For State, City, or Local Tax Department

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FAST EATS 123 LILAC AVENUE YOUR CITY, YOUR STATE, ZIP		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>2024</u>		Nonemployee Compensation
PAYER'S TIN 63-400XXX	RECIPIENT'S TIN 605-00-XXXX	1 Nonemployee compensation \$ 1,000.00		
RECIPIENT'S name STEPHANIE WINTER		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <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.
Street address (including apt. no.) 160 UNIVERSITY DRIVE		3		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	
		7 State income \$		

Form **1099-NEC** (Rev. 1-2024) (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. FAST EATS 123 LILAC AVENUE YOUR CITY, YOUR STATE, ZIP		FILER'S TIN 63-400XXX		OMB No. 1545-2205 Form 1099-K (Rev. March 2024) For calendar year <u>2024</u>		Payment Card and Third Party Network Transactions
		PAYEE'S TIN 605-00-XXXX		1a Gross amount of payment card/third party network transactions \$ 8,225.00		
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"/>		1b Card Not Present transactions \$		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 name STEPHANIE WINTER		3 Number of payment transactions 325		4 Federal income tax withheld \$		
Street address (including apt. no.) 160 UNIVERSITY DRIVE		5a January \$ 700.00		5b February \$ 750.00		
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		5c March \$ 900.00		5d April \$ 775.00		
PSE'S name and telephone number		5e May \$ 700.00		5f June \$ 350.00		
Account number (see instructions)		5g July \$ 500.00		5h August \$ 450.00		
		5i September \$ 750.00		5j October \$ 700.00		
		5k November \$ 900.00		5l December \$ 750.00		
		6 State		7 State identification no.		
				8 State income tax withheld \$		

Form **1099-K** (Rev. 3-2024) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service



Note: She also received \$570 in cash payments per the interview notes.

XYZ Investments

456 Pima Plaza
Your City, YS, ZIP

2024 TAX REPORTING STATEMENT

Stephanie Winter
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

Form 1099-DIV* 2024 Dividends and Distributions

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

1a	Total Ordinary Dividends	300.00
1b	Qualified Dividends	225.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	350.00
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
2e	Section 897 Ordinary Dividends	0.00
2f	Section 897 Capital Gains	0.00
2	Nondividend Distributions	0.00
3	Nondividend Distributions	0.00
4	Federal Income Tax Withheld	0.00
5	Section 199A Dividends	32.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	0.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Noncash Liquidation Distributions	0.00
11	FATCA Filing Requirement	
12	Exempt Interest Dividends	0.00
13	Specified Private Activity Bond Interest Dividends	0.00
14	State	YS
15	State Identification No.	01-XXXXXXX
16	State Tax Withheld	0.00

Form 1099-MISC* 2024 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* 2024 Interest Income

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

1	Interest Income	50.00
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
14	Tax-Exempt Bond CUSIP No.	

Summary of 2024 Proceeds From Broker and Barter Exchange Transactions

Sales Price of Stocks, Bonds, etc.	5,100.00
Federal Income Tax Withheld	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.

XYZ Investments

456 Pima Plaza
Your City, YS, ZIP

2024 TAX REPORTING STATEMENT

Stephanie Winter
160 University Drive
Your City, YS, ZIP
Account No. 111-222
Recipient ID No. 605-00-XXXX
Payer's Fed ID Number: 40-200XXXX

FORM 1099-B* 2024 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

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

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

(This Label is a Substitute for Boxes 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 State	15 State Tax Withheld
Nebraska Co. Common Stock										
Sale	01/20/2024	02/29/2024	200.000	2,000.00	1,750.00	250.00				
TOTALS				2,000.00	1,750.00					

FORM 1099-B* 2024 Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is not reported to the IRS

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

(This Label is a Substitute for Boxes 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 State	15 State Tax Withheld
Iowa Co. Common Stock										
Sale	10/12/2008	10/31/2024	200.000	3,100.00	4,000.00	(900.00)				
TOTALS				3,100.00	4,000.00					

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.

Page 2 of 2

<input type="checkbox"/> CORRECTED (if checked)				OMB No. 1545-1576	Student Loan Interest Statement
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 305 WASHINGTON DR YOUR CITY, YOUR STATE, ZIP				2024 Form 1098-E	
RECIPIENT'S TIN 38-800XXXX	BORROWER'S TIN 605-00-XXXX	1 Student loan interest received by lender \$ 3,750.00		Copy B For Borrower	
BORROWER'S name STEPHANIE WINTER				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.	
Street address (including apt. no.) 160 UNIVERSITY DRIVE					
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP					
Account number (see instructions)		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>			
Form 1098-E (keep for your records)		www.irs.gov/Form1098E		Department of the Treasury - Internal Revenue Service	

ONLY DRAFT

<input type="checkbox"/> CORRECTED				OMB No. 1545-1574	Tuition Statement
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number MERCURY COLLEGE 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP		1 Payments received for qualified tuition and related expenses \$ 2,400.00		2024 Form 1098-T	
FILER'S employer identification no. 37-700XXXX	STUDENT'S TIN 605-00-XXXX	3		Copy B For Student	
STUDENT'S name STEPHANIE WINTER		4 Adjustments made for a prior year \$		5 Scholarships or grants \$	
Street address (including apt. no.) 160 UNIVERSITY DRIVE		6 Adjustments to scholarships or grants for a prior year \$		7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2025 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		8 Checked if at least half-time student <input type="checkbox"/>		9 Checked if a graduate student <input checked="" type="checkbox"/>	
Service Provider/Acct. No. (see instr.)		10 Ins. contract reimb./refund \$		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.	
Form 1098-T (keep for your records)		www.irs.gov/Form1098T		Department of the Treasury - Internal Revenue Service	

ONLY DRAFT

Stephanie Winter
160 University Drive
YOUR CITY, STATE, ZIP

1234

PAY TO THE
ORDER OF

20

\$

DOLLARS

New Bank and Trust
Anytown, State 00000

For

: 111000025 : 123456789

1234

VOID