

Advanced Scenario 7: Vincent and Faith Hunter

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

- Vincent is a 5th grade teacher at a public school. Vincent and Faith are married and choose to file Married Filing Jointly on their 2024 tax return.
- Vincent worked a total of 1,800 hours in 2024. During the school year, he spent \$844 on unreimbursed classroom expenses.
- Faith retired in 2021 and began receiving her pension on November 1st of that year. She explains that this is a joint and survivor annuity. She has already recovered \$1,259 of the cost of the plan.
- Vincent settled with his credit card company on an outstanding bill and brought the Form 1099-C to the site. They aren't sure how it will impact their tax return for tax year 2024. The Hunters determined that they were solvent as of the date of the canceled debt.
- Faith received \$280 from Jury duty.
- Their daughter, Hope, is in her second year of college pursuing a bachelor's degree in Physics at a qualified educational institution. She received a scholarship, and the terms require that it be used to pay tuition. The Hunters provided Form 1098-T and an account statement from the college that included additional expenses. On Form 1098-T for the previous tax year, Box 7 was not checked. The Hunters paid \$1,500 for books and equipment required for Hope's courses. This information is also included on the college statement of account. The Hunters claimed the American Opportunity Credit last year for the first time.
- Hope does not have a felony drug conviction.
- They are all U.S. citizens with valid Social Security numbers.



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 return• Picture ID (such as valid driver's license) for you and your spouse• Complete 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) VINCENT		M.I.	Last name HUNTER		Your date of birth 05/01/1964		Your job TEACHER				
Spouse's first name (pronouns, optional) FAITH		M.I.	Last name HUNTER		Spouse's date of birth 10/08/1955		Spouse's job RETIRED				
Mailing address 1234 CHARITY AVENUE				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 checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What language					Would you like information on how to vote and/or how to register to vote <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Would you like \$3 to go to the Presidential Election Campaign Fund <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
As of December 31, 2024, what was your marital status											
<input type="checkbox"/> Never Married		<input checked="" type="checkbox"/> Married		If married, were you married for all of 2024				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
					Did you live with your spouse during any part of the last six months of 2024				<input checked="" 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.)
HOPE HUNTER	07/05/2005	DAUGHTER	12	S	YES	YES	YES	NO	Y	N	Y

Catalog Number 52121Ewww.irs.govForm **13614-C** (Rev. 10-2024)

Answer the following questions on this page and the next page about you and your spouse's tax situation

Received money from any of the following in 2024:	Income to be included (To be completed by certified volunteer)	Notes/Comments
<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs <u>1</u>	<input type="checkbox"/> (B) W-2s Number of forms _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (basic when reported on W2)	
<input checked="" type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (basic when taxable amount is reported) Number of forms _____	
<input type="checkbox"/> (B) Disability benefits		
<input checked="" type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G Number of forms _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> Did you receive a refund of state or local taxes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did you itemize last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT/DIV Number of forms _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B Number of forms _____ (include brokerage statement) <input type="checkbox"/> Capital Loss carryover	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony Amount \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (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 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (M) Rental income	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> Farm activity	<input type="checkbox"/> Farm income (out of scope)	
<input type="checkbox"/> Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)	
<input type="checkbox"/> Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC Number _____ <input type="checkbox"/> 1099-K Number _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses	
<input type="checkbox"/> Any other money received during the year (example: cash payments, jury duty, awards, virtual currency, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

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.

<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"> <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"> <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"> <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"> <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"> <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"> <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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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/sorn) 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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22222		a Employee's social security number 416-00-XXXX		OMB No. 1545-0008	
b Employer identification number (EIN) 35-700XXXX			1 Wages, tips, other compensation \$37,353.00		2 Federal income tax withheld \$3,200.00
c Employer's name, address, and ZIP code CLEAR CREEK SCHOOL DISTRICT 244 HARVARD STREET YOUR CITY, YOUR STATE, ZIP			3 Social security wages \$38,353.00		4 Social security tax withheld \$2,377.89
			5 Medicare wages and tips \$38,353.00		6 Medicare tax withheld \$556.12
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial VINCENT 1234 CHARITY AVENUE 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 YS	Employer's state ID number 57-200XXXX	16 State wages, tips, etc. \$37,353.00	17 State income tax \$500.00	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

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

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LIBERTY ENTERPRISES 225 ONEIDA AVENUE YOUR CITY, YOUR STATE, ZIP		1 Gross distribution \$ 20,100.00 2a Taxable amount \$		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 41-200XXXX	RECIPIENT'S TIN 417-00-XXXX	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,010.00	
RECIPIENT'S name FAITH HUNTER Street address (including apt. no.) 1234 CHARITY AVENUE 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 \$		Copy 1 For State, City, or Local Tax Department	
		7 Distribution code(s) 7		8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$ 15,000.00			
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$		
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$		

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

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2024

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

Box 1. Name

FAITH HUNTER

Box 2. Beneficiary's Social Security Number

417-00-XXXX

Box 3. Benefits Paid in 2024

\$23,899

Box 4. Benefits Repaid to SSA in 2024

Box 5. Net Benefits for 2022 (Box 3 minus Box 4)

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: \$19,412.60

**Medicare Part B premiums deducted from
your benefits \$2,096.40**

Total additions:

Benefits for 2024: \$23,899

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

\$2,390

Box 7. Address

**1234 CHARITY AVENUE
YOUR CITY, YOUR STATE, ZIP**

Box 8. Claim Number (Use this number if you need to contact SSA.)

Form SSA-1099-SM (6/2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)

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

**NEW BANK
1254 ORANGE AVENUE
YOUR CITY, YOUR STATE, ZIP**

1 Date of identifiable event

09/25/2024

OMB No. 1545-2281

2 Amount of debt discharged

\$ 850.00

Form **1099-C**

(Rev. January 2022)

3 Interest, if included in box 2

\$

For calendar year

20 **24**

**Cancellation
of Debt**

CREDITOR'S TIN

31-700XXXX

DEBTOR'S TIN

416-00-XXXX

4 Debt description

CREDIT CARD

**Copy B
For Debtor**

DEBTOR'S name

VINCENT HUNTER

Street address (including apt. no.)

1234 CHARITY AVENUE

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

YOUR CITY, YOUR STATE, ZIP

5 If checked, the debtor was personally liable for
repayment of the debt



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.

Account number (see instructions)

6 Identifiable event code

7 Fair market value of property

\$

Form **1099-C** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099C

Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number CLARK COMMUNITY COLLEGE 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP		1 Payments received for qualified tuition and related expenses \$ 5,722.00 2	OMB No. 1545-1574 2024 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. 38-800XXXX	STUDENT'S TIN 608-00-XXXX	3		
STUDENT'S name HOPE HUNTER		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 3,202.00	
Street address (including apt. no.) 1234 CHARITY AVENUE		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 checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)		10 Ins. contract reimb./refund \$		
Form 1098-T		(keep for your records)	www.irs.gov/Form1098T	Department of the Treasury - Internal Revenue Service

ONLY DRAFT



Clark Community College

Statement of Account

December 31, 2024

HOPE HUNTER

STUDENT ID: 608-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2024	Tuition – Fall Semester 2024	+\$5,722.00	
08/30/2024	Scholarship		-\$3,202.00
09/03/2024	Parking pass	+\$400.00	
09/04/2024	Campus Bookstore charge to student account for course-related books	+\$1,500.00	
09/05/2024	Payment – check #4321		-\$4,420.00

12/31/2024 Account Balance.....\$0.00

Vincent and Faith Hunter
1234 Charity Avenue
YOU CITY, YOUR STATE, ZIP

1234

PAY TO THE
ORDER OF

20

\$

DOLLARS

New Bank and Trust
Anytown, State 00000

For

: 111000025 : 123456789

1234

VOID