

TARA BAKER Interview Notes

Tara is divorced, with one young child and rents the apartment she lives in.

She receives alimony of \$300.00 per month and child support of \$500.00 per month from her ex-husband (Tom Baker, SSN 213-00-8413). She isn't sure if she needs to report them. He provides the health insurance for their daughter.

She bought high efficiency window air conditioners for her and her daughter's bedrooms for \$780.00 and is wondering about the energy credit.

She had some unexpected car repair and medical bills last year, and as a result ran short and couldn't pay one of her credit cards. They eventually canceled the debt. She isn't sure what to about it.

She provided a list of the following expenses:

- Health insurance \$7,300.00 (not ACA, they said she didn't qualify).

- Doctors \$1,800.00.

- Prescription drugs \$780.00.

- Prescription eyeglasses \$485.00.

- Dental \$978.37.

- Nurse uniforms and shoes \$588.27.

- New engine for her car \$4,335.86.

- Clothing donated to Goodwill, fair market value \$500.00.

- Lottery ticket purchases \$1,688.00.

Driver's License (Tax Training Only)

License No. 20180518163746

Name and Address

TARA BAKER
17 BEACH BLVD APT 18
~~XXXXXXXXXX~~
LEESBURG FL 34748



Birth Date 06/15/1986 Expiration Date 06/15/2023

Social Security

8413

012-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

TARA BAKER

For Tax Training Purposes Only

Social Security

8413

212-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MARY
THOMAS

For Tax Training Purposes Only

RECEIPT

Clark County After School Program
14 Learning Way
YC, YS, YZIP LEESBURG FL 34748
616-456-1289

EIN: 56-2XXXXXXX
56-2008413

Date: December 12, 2018

Received from Tara Baker \$ 1,800.00
Eighteen Hundred and ^{NO}/₁₀₀ Dollars

For After school daycare for Mary Baker

Amount of account Cash
This payment Check
Balance due Money Order

Linda Johnson

		a. Employee's social security number 012-00-XXXX 8413				
b. Employer identification number (EIN) 89-6XXXXXX 008413		1. Wages, tips, other compensation \$31,800.67		2. Federal income tax withheld \$3,400.00		
c. Employer's name, address, City, State and ZIP Code BAPTIST MEDICAL CENTER P.O. BOX 6700 INDIANAPOLIS IN 46204-6700		3. Social security wages \$33,765.67		4. Social security tax withheld 2,093.47		
		5. Medicare wages and tips \$33,765.67		6. Medicare tax withheld 489.60		
		7. Social security tips		8. Allocated tips		
d. Control number 76209886		9. Verification code ac67-23ed-2390-cea6		10. Dependant care benefits 1000		
e. Employee's first name and initial last name f. Employee's address and ZIP code TARA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP LEESBURG FL 34748		11. Nonqualified plans		12a. See instructions for box 12 D \$1,965.00		
		13. Statutory Retirement Third-party Employee Plan sickpay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.		
		14. Other		12c.		
		-----		12d.		
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15. State YS	Employer's state ID number 911XXXXXX 008413	16. State wages, tips, etc. \$31,800.67	17. State income tax 957.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
<p>Form W-2 Wage and Tax Statement 2018</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</p> <p>This information is being furnished to the Internal Revenue Service.</p>						

<input type="checkbox"/> CORRECTED (if checked)								
PAYER'S name, address, city, state, ZIP code MEDICAL CENTER CREDIT UNION 139 WEST CENTER AVE YC, YS, YZIP LEESBURG FL 34748			Payer's RTN (optional)	2018 Form 1099-INT	Interest Income Copy B For Recipient			
			1 Interest income \$615.78					
			2 Early withdrawal penalty \$61.57		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 67-5XXXXXX 008413		RECIPIENT'S identification number 012-00-XXXX 8413	3 Interest on US Savings Bonds and Treas. obligations					
RECIPIENT'S name, address, city, state, and ZIP code TARA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP LEESBURG FL 34748			4 Federal income tax withheld				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	
		FATCA filing requirement <input type="checkbox"/>	12 Bond		13 Bond Premium on tax-exempt bond			
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no	17 State tax withheld		
Form 1099-INT								

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, and ZIP code STATE LOTTERY COMMISSION PO BOX 1968 RICHMOND VA 23220	1. Gross winnings \$1,000.00	2. Date won 08/15/2018	2018 Form W-2-G Certain Gambling Winnings	
	3. Type of wager \$5 SCTCH OFF	4. Federal income tax withheld \$100.00		
	5. Transaction	6. Race		
	7. Winnings from identical wagers	8. Cashier		
PAYER'S Federal identification number 88-1XXXXXX008413	Payer's Telephone number 804-564-1356	9. Winner's taxpayer identification no. 012-00-XXXX	10. Window	This information s being furnished to the Internal Revenue Service
WINNER'S name, address, city, state, and ZIP TARA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP LEESBURG FL 34748		11. First I.D.		
		13. State Payer's identification no. VA 14-1XXXXXX	14. State Winnings \$1,000.00	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
		15. State income tax withheld \$60.00	16. Local Winnings	
		17. Local income tax withheld	18. Name of locality	
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.				
Signature >		Date >		
Form W-2G				

<input type="checkbox"/> CORRECTED (if checked)				
CREDITOR'S name, address, city, state, and ZIP code MEDICAL CENTER CREDIT UNION 139 WEST CENTER AVE YC, YS, YZIP LEESBURG FL 34748	1 Date of Identifiable Event 12/01/2018	2018 Form 1099-C	Cancellation of Debt	
	2 Amount of debt discharged \$1,675.49			
	3 Interest if included in Box 2 \$256.98			
CREDITOR'S federal identification number 67-5XXXXXX008413	DEBTOR'S identification number 012-00-XXXX8413	4 Debt description MASTERCARD		Copy B For Debtor 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 taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name, address, , state, and ZIP code TARA BAKER 17 BEACH BLVD APT 18 YC, YS, YZIP LEESBURG FL 34748		5 If checked, the debtor was personally liable for repayment of this debt <input checked="" type="checkbox"/>		
Account number (see instructions) XXXX-XXXX-XXXX-1259	6 Identifiable Event Code	7 Fair market value of property		
Form 1099-C				