

Sheryl Graves

- Has two children who lived with her all year. Sheryl supports them 100% and pays for the cost of the home they live in.
- Sheryl's mother Monique Floyd also lived with her. Sheryl provides over half the cost of Monique's support. Monique's only income last year was \$4,500 from Social Security. Monique had Medicare all year.
- Sheryl received \$400 a month in alimony.
- Sheryl also receives an Identity Theft PIN from the IRS each year. This year her pin # is 623121.
- Sheryl's employer does not offer health coverage so she purchased minimum essential coverage for herself and children through the Marketplace. They were covered for the entire year.

Social Security Numbers for everyone:

Sheryl Graves 605-00-0000

Trina Graves 606-00-1234

Travis Graves 607-00-1234

Monique Floyd 608-00-1234

Intake/Interview & Quality Review Sheet

You will need:

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

• Please complete pages 1-3 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.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I - Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name Sheryl	M.I. G	Last name Graves	Daytime telephone number 803-555-5555	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 321 Martin Rd	Apt #	City LaBelle	State FL	ZIP code 33935
4. Your Date of Birth 6/17/79	5. Your job title clerk	6. Last year, were you:		
7. Your spouse's Date of Birth	8. Your spouse's job title	a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure	b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?	c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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			

Part II - Marital Status and Household Information

1. As of December 31, 2018, what was your marital status?
 Never Married Married Divorced Legally Separated Widowed

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

a. If Yes, Did you get married in 2018? Yes No

b. Did you live with your spouse during any part of the last six months of 2018? Yes No

Date of final decree: **4-17-2010**

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 12/31/18 (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 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 \$4,150 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) TRINA GRAVES	(b) 03/01/2008	(c) daughter	(d) 12	(e) Y	(f) Y	(g) S	(h) Y	(i) N					
TRAVIS GRAVES	12/25/2007	son	12	Y	Y	S	Y	N					
MADRIQUE FLOYD	05/05/1944	Mom	12	Y	Y	S	N	N					

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name	MEC All Year	No MEC	Months with MEC	Months with Exemption	Exempt All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

Part VII - Additional Information and Questions Related to the Preparation of Your Return

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

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund: You Spouse

3. If you are due a refund, would you like: a. Direct deposit Yes No b. To purchase U.S. Savings Bonds No Yes c. To split your refund between different accounts No Yes

4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

5. Would you say you can carry on a conversation in English, both understanding & speaking? Very well Well Not well Not at all Prefer not to answer

6. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer

7. Do you or any member of your household have a disability? Yes No Prefer not to answer

8. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer

Additional comments

11

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

a. Employee's social security number
605-00-0000

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OMB No. 1545-0008



Visit the IRS website at
www.irs.gov/efile

b. Employer Identification number (EIN) 15-7000000		1. Wages, tips, other compensation \$36,429.00		2. Federal income tax withheld \$1,026.00		
c. Employer's name, address, and ZIP code KAIZI TECHNOLOGY 1030 REDMOND WAY MOUNT PLEASANT, SC 29464		3. Social security wages \$37,829.00		4. Social security tax withheld \$2,345.40		
		5. Medicare wages and tips \$37,829.00		6. Medicare tax withheld \$548.52		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's first name and initial Last name Employee's address and ZIP code SHERYL GRAVES 321 MARTIN ROAD LABELLE, FL 33935		11. Nonqualified plans		12a. See instructions for box 12 D \$1,400.00		
		13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12d.		
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 Wage and Tax Statement** **2019**
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

Form **1095-A**

Health Insurance Marketplace Statement

VOID

OMB No. 1545-2232

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

CORRECTED

2019

Part I Recipient Information

1 Marketplace identifier XXXXX	2 Marketplace-assigned policy number XXXXXX	3 Policy issuer's name XXXXXXXXXXXX		
4 Recipient's name SHERYL GRAVES		6 Recipient's SSN 605-00-XXXX	8 Recipient's date of birth 06/17/1979	
7 Recipient's spouse's name		8 Recipient's spouse's SSN		9 Recipient's spouse's date of birth
10 Policy start date 01/01/2019		11 Policy termination date 12/31/2019		12 Street address (including apartment no.) 321 MARTIN ROAD
13 City or town YOUR CITY		14 State or province YOUR STATE		15 Country and ZIP or foreign postal code YOUR ZIP

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	SHERYL GRAVES	605-00-XXXX	06/17/1979	01/01/2019	12/31/2019
17	TRINA GRAVES	606-00-XXXX	03/01/2001	01/01/2019	12/31/2019
18	TRAVIS GRAVES	607-00-XXXX	12/25/2002	01/01/2019	12/31/2019
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	\$587.00	\$774.00	\$492.00
22 February	\$587.00	\$774.00	\$492.00
23 March	\$587.00	\$774.00	\$492.00
24 April	\$587.00	\$774.00	\$492.00
25 May	\$587.00	\$774.00	\$492.00
26 June	\$587.00	\$774.00	\$492.00
27 July	\$587.00	\$774.00	\$492.00
28 August	\$587.00	\$774.00	\$492.00
29 September	\$587.00	\$774.00	\$492.00
30 October	\$587.00	\$774.00	\$492.00
31 November	\$587.00	\$774.00	\$492.00
32 December	\$587.00	\$774.00	\$492.00
33 Annual Totals	\$7,044.00	\$9,288.00	\$5,904.00

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

Cat. No. 60703Q

Form 1095-A (2018)