

Windsor Washington Interview Notes

Windsor is the father of two kids who both live with him: Sandy and Tommy.

Sandy is currently in elementary school and goes to an afterschool program until dad gets off of work to pick her up.

Tommy works at Winn-Dixie in the meat department. He made \$11,700 last year.

Windsor's mother Ginny Small does not live with the family, but Windsor pays over half the cost of her apartment. Ginny does get Social Security, but she doesn't get enough to support herself.

Social Security Numbers:

Windsor Washington 121-00-1234
 Sandy Washington 122-00-1234
 Tommy Washington 123-00-1234
 Ginny Small 124-00-1234

River's Child Care
 303 Twiggs Trail
 LaBelle, FL 33935

 EIN #35-9000000

 \$1500 received for Sandy Washington

Bank Name: Bank of Imagination
 Bank Routing number: 111000025
 Checking Account Number: 123456789

a Employer's social security number 121-XX-XXXX		\$29,980.90			
b Employer identification number (EIN) 15-7XXXXXX		1 Wages, tips, other compensation \$29,980.90	2 Federal income tax withheld \$2,997.14		
c Employer's name, address, and ZIP code KAIZI TECHNOLOGY, INC. 1030 Redmond Way Mount Pleasant, SC 29464		3 Social security wages \$29,980.90	4 Social security tax withheld \$1859		
		5 Medicare wages and tips \$29,980.90	6 Medicare tax withheld \$435		
		7 Social security tips	8 Allocated tips		
d Control number		Sample	9		
e Employee's first name and initial Last Name WINDSOR WASHINGTON 200 Sisters Lane Your City, State and Zip Code 33935		11 Nonqualified plan		12a See instructions for box 12	
		13 <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> Other		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc. \$19,980.90	17 State income tax \$1,998.25	18 Local wages, tips, etc.	19 Local income tax
YS	59-9871235				
FL					

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 WINDSOR	M.I. WASHINGTON	Last name WASHINGTON	Daytime telephone number 863-555-5555	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 863-222-3333	Is your spouse a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Mailing address 200 SISTERS LANE	Apt #	City LABELLE	State FL	ZIP code 33935
4. Your Date of Birth 09-05-1970	5. Your job title I.T. tech	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. 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 **2-18-2017**

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

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 12/31/18 (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 \$4,150 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)
SANDY WASHINGTON	10-1-14	Daughter	12	Y	Y	S	Y	(I)					
TOMMY WASHINGTON	7-3-92	SON	12	Y	Y	S	N	N					
Ginny Small	2-15-53	mom	0	Y	Y	S	N	N					

Check appropriate box for each question in each section

Part III - Income - Last Year, Did You (or Your Spouse) Receive

Table with 3 columns: Yes, No, Unsure. Rows include: 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? 1; 2. (A) Tip Income?; 3. (B) Scholarships? (Forms W-2, 1098-T); 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV); 5. (B) Refund of state/local income taxes? (Form 1099-G); 6. (B) Alimony income or separate maintenance payments?; 7. (A) Self-Employment income? (Form 1099-MISC, cash); 8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?; 9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B); 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2); 11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R); 12. (B) Unemployment Compensation? (Form 1099G); 13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099); 14. (M) Income (or loss) from Rental Property?; 15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify

Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay

Table with 3 columns: Yes, No, Unsure. Rows include: 1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? Yes No; 2. Contributions to a retirement account? IRA (A) 401K (B) Roth IRA (B) Other; 3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T); 4. (A) Deductions: Medical & Dental (including insurance premiums) Mortgage Interest (Form 1098); Taxes (State, Real Estate, Personal Property, Sales) Charitable Contributions; 5. (B) Child or dependent care expenses such as daycare?; 6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?; 7. (A) Expenses related to self-employment income or any other income you received?; 8. (B) Student loan interest? (Form 1098-E)

Part V - Life Events - Last Year, Did You (or Your Spouse)

Table with 3 columns: Yes, No, Unsure. Rows include: 1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12); 2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A); 3. (A) Adopt a child?; 4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?; 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.); 6. (B) Live in an area that was declared a Federal disaster area? If yes, where?; 7. (A) Receive the First Time Homebuyers Credit in 2008?; 8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?; 9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?; 10. Receive a letter from the IRS?

Check appropriate box for each question in each section

Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)

1. (B) Have health care coverage? Yes No

2. (B) Receive one or more of these forms? (Check the box) Form 1095-B Form 1095-C

3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?

3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?

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		

Medical for 2019
 All year
 W-2
 1095-C

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) MARY.M@unit.edu@flee.org

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 Yes No

c. To split your refund between different accounts Yes No

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 Tommy did not have health insurance
Ginny had medicare

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:SP, 1111 Constitution Ave. NW, Washington, DC 20224