

## Practice Eight Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use 488-1?-???? where the ? can be any combination of 5 other numbers.
2. For spouses and dependents you can use the SSN's provided in the documents.
3. DO NOT use any SSN which begins with a #9 or you will get the incorrect answer.
4. If there is no 1095A form provided, this means they did not have health coverage through Healthcare.gov or the "marketplace." In this case, check 'YES' to the first question on the ACA form which let's us know they had coverage with another provider.
5. The refund shown is before fees.
6. If you have any questions or problems, contact Live Chat for assistance.

*\*All taxpayers must complete an interview sheet in its entirety for the current year. All parties MUST sign and date it.\**

*\*Complete Tax cannot be held responsible for information that is misrepresented or unreported at the time of filing.\**

*\*Complete Tax cannot prepare tax returns for single taxpayers with dependents, who DO NOT qualify to file Head of Household (HOH) due to documentation issues.\**

## **A. Main Information:**

Address: 2922 Peach Street

City: Dry Ridgge State: KY Zip: 41035 County: Grant

Phone No: 678-445-9887 Email: georgeeight@gmail.com

### **Return Type: Non-Bank Products**

☐ **Paper Only:** All fees due upfront. Return will be printed and mailed by taxpayer. Refund mailed to address on return in 4-6 weeks.

☒ **Efile Only:** All fees due upfront. Return electronically submitted. Refund mailed to address on return in 3-5 weeks.

Direct Deposit available. If you want Direct Deposit, please complete DD information below.

### **Bank Products: Fees taken out of refund. Return submitted electronically.**

☐ **RT \*Refund Transfer:** Refund available in 10-14 days. A check will be printed in the office.

☐ **DDRT \*Direct Deposit RT:** Refund available in 10-14 days. Funds will be deposited into your account. Please complete DD information below.

☐ **RA \*Refund Advance:** Advance up to \$7000 pending bank approval. Available in 24-48 hours. Remaining refund paid as an RT.

Direct Deposit Information: Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

What is your marital status: ☒ Single ☐ Legally Divorced/Separated (Lived with spouse at any time in the last 6 months of 2024 )

☐ Married Living with Spouse ☐ Married NOT Living with Spouse for the last 6 months of 2024 ☐ Widowed/Widower

## **B. Bank Product Information:**

Taxpayer's Mother's Maiden Name: \_\_\_\_\_ Spouse's Mother's Maiden Name: \_\_\_\_\_

Taxpayer's 5 Digit Security PIN: \_\_\_\_\_ Spouse's 5 Digit Security PIN: \_\_\_\_\_

## **C. Taxpayer Information:**

Taxpayer's Name: George Eight SSN: 811-11-1118 Date of Birth: 2-15-1952

Gender: ☒ M ☐ F Are you claimed or will be claimed on someone else's return for 2023? ☐ Yes ☒ No

Drivers License/ State ID #: 123456789123 Issuing State: KY

Issue Date: 2-15-2020 Expiration Date: 2-15-2030

Were you issued an IRS Identity Theft PIN? ☐ Yes ☒ No If yes, what is that PIN: \_\_\_\_\_

Did you have health coverage through the Marketplace in 2024? ☐ Yes ☒ No

If yes, do you have form 1095-A? ☐ Yes ☐ No (Note: Failure to file form 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)

## **D. Spouse Information:**

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ M ☐ F Are you totally and/or permanently disabled? ☐ Yes ☐ No

Drivers License/ State ID #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Were you issued an IRS Identity Theft PIN? ☐ Yes ☐ No If yes, what is that PIN: \_\_\_\_\_

Did you have health coverage through the Marketplace in 2024? ☐ Yes ☐ No

If yes, do you have form 1095-A? ☐ Yes ☐ No (Note: Failure to file form 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)

**A. Due Diligence-General:**

1. Were you (or your spouse) a nonresident alien at any time during the year? ☐ Yes ☒ No
2. Was your main home (and spouse if MFJ) in the United States for more than half the year? ☒ Yes ☐ No
3. Could you (or your spouse) be a qualifying dependent on another persons return for the year? ☐ Yes ☒ No
4. Were any of the following credits claimed after 1996 reduced or disallowed for any reason other than a math or clerical error?

Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, or American Opportunity Tax Credit: ☐ Yes ☒ No

\*If yes, form 8862 is required. Attached statement with an explanation as to why it was disallowed.

5. How many people lived in the household in 2024? 0
6. Will everyone living in the household be included on this tax return? ☒ Yes ☐ No
7. Does anyone other than your spouse and/or children live in the home with you? ☐ Yes ☒ No (Skip to next section)

If yes, complete the following:

Name(s) of other people: \_\_\_\_\_

Relationship to taxpayer: \_\_\_\_\_

Did this person earn wages or income while they resided with you? ☐ Yes ☐ No

\* If no, this person will need to be listed as a dependent. Complete a Dependent Worksheet. A birth certificate and SS card will need to be presented along with this completed interview sheet.

\* If yes, please provide the following:

What is the amount of income that this person(s) earned in 2024? \_\_\_\_\_

Are you claiming this person(s) on your tax return? \_\_\_\_\_

If you are not claiming this person, please provide an explanation on why you are not claiming this person:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this person plan to file a tax return? ☐ Yes ☐ No

If this person will NOT file a return, please provide an explanation: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**B. Due Diligence-Income:**

Was your total household income (including your spouses income) less than \$15,000? ☒ Yes ☐ No

If no, skip to Section C.

If yes, did you receive any assistance during the tax year? (This includes assistance from county or state agency, housing assistance, assistance from family member or other entities.) ☐ Yes ☐ No

If yes, what was the amount of assistance received? \_\_\_\_\_

From whom did you receive this assistance? \_\_\_\_\_

**C. Refund Itemizer (If applicable):**

\*Documentation must be provided as proof of the following expenses.

Did you pay mortgage interest or real estate taxes in 2024? ☐ Yes How much? \_\_\_\_\_ ☒ No

Did you pay medical, dental, and/or pharmaceutical expenses in 2024? ☐ Yes How much? \_\_\_\_\_ ☒ No

Did you pay Ad Valorem or other sales taxes in 2024? ☐ Yes How much? \_\_\_\_\_ ☒ No

Did you make any contributions to charity in 2024? ☐ Yes How much? \_\_\_\_\_ ☒ No

If yes, were those contributions cash or non cash donations? ☐ Cash ☐ Non-Cash

**A. Income Adjustments (if applicable):**Did you itemize last year? ☐ Yes ☒ No

If yes, what was the amount of your state refund in 2023? \_\_\_\_\_

Did you receive alimony in 2024? ☐ Yes. How much? \_\_\_\_\_ ☒ NoDid you pay alimony in 2024? ☐ Yes. How much? \_\_\_\_\_ ☒ No

Ex spouse name? \_\_\_\_\_

Ex Spouse SSN? \_\_\_\_\_

Did you (or your spouse) contribute to an IRA in 2024? ☐ Yes. How much? \_\_\_\_\_ ☒ NoDid you (or your spouse) have educator expenses in 2024? ☐ Yes. How much? \_\_\_\_\_ ☒ NoDid you (or your spouse) pay student loan interest in 2024? ☐ Yes. How much? \_\_\_\_\_ ☒ No**B. State Worksheet:**Did you move from one state to another in 2024? ☐ Yes ☒ No

If yes, what state did you move from? \_\_\_\_\_

What state did you move to? \_\_\_\_\_

On what date did you move? \_\_\_\_\_

Did you move to a different address, including from another state, in 2024? ☐ yes ☒ No

If yes, what address did you move from? \_\_\_\_\_

On what date did you move? \_\_\_\_\_

**Ohio Residents:** Do you live/work in a taxing school district and requests an SD return be prepared? ☐ Yes ☐ No

If yes, what is the 4-digit school district number: \_\_\_\_\_

Did you live/work in a taxing city and request a city return be prepared? ☐ Yes ☐ No

If yes, please provide city name: \_\_\_\_\_

**Michigan Residents:** Did you live/work in a taxing city and request a city return be prepared? ☐ Yes ☐ No**Renters Credit (If applicable):** Do you rent your primary residence? ☐ Yes ☒ No

If yes, please provide the following: Landlord's name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Number of months rented: \_\_\_\_\_ Monthly rent amount: \_\_\_\_\_

*I, the undersigned, hereby certify that all the information provided, along with any additional forms and documents, are true and accurate to the best of my knowledge. I further certify that I have supplied all required documents and information to the taxpayer. I understand that Complete Tax is not responsible for any information misrepresented, unreported or falsified at the time of filing.*

Taxpayer Signature: George FichtDate: 1-23-2024

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*For office use only:** Do you have any reason to believe that any of the information used to determine whether or not the taxpayer is eligible to claim EIC is incorrect, incomplete, or inconsistent? ☐ Yes ☐ No

*If yes, please ask additional questions, gather more information and makes notes on a separate sheet of paper. These notes MUST be attached and Submitted with the completed interview sheets as well as making these notes in the return in Complete Tax.*

**A. Dependent Information:**

Dependents Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_ Over 18? ☐ Yes ☐ No Permanently or totally disabled? ☐ Yes ☐ No*\*Proof of relationship will need to be provided for each dependent with a different last name the taxpayer. Acceptable documents include Birth Certificates and Courts Records (Adoption Certificate, etc.) All documents MUST be submitted along with completed interview sheet.*

1. Did the dependent live with you for more than 6 months of the year AND

did you provide more than 50% of expenses for the dependent? ☐ Yes ☐ No

If yes, skip to question 2.

If not, how many months did the dependent live with you? \_\_\_\_\_

2. Are both biological parents listed on this interview sheet? ☐ Yes ☐ No

If yes, skip to question 3.

If NOT, can the absentee parent claim the dependent on their tax return? ☐ Yes ☐ NoIf the absentee parent CAN claim the dependent, did they provide more than 51% of expenses for the dependent? ☐ Yes ☐ No

If absentee parent CANNOT claim the dependent, please provide explanation below:

\_\_\_\_\_  
\_\_\_\_\_3. Is the dependent married? ☐ Yes ☐ No4. Is the dependent a college student? ☐ Yes ☐ NoIf yes, does the dependent have for 1098-T for educational expenses? ☐ Yes ☐ No

How many years has the student claimed the American Opportunity Tax Credit? \_\_\_\_\_

*\*Documentation must be provided to show that the dependent was a full time student for at least 5 months in 2024 Acceptable documents include form 1098-T or school statement. All documents MUST contain the name of the school and the dates attended in 2024.*5. Was the dependent issued an IRS Identity Theft PIN? ☐ Yes ☐ No If yes, what is the PIN: \_\_\_\_\_6. Did the dependent have health care at any time in 2024 through the Marketplace? ☐ Yes ☐ NoIf yes, do you have form 1095-A? ☐ Yes ☐ No (Note: Failure to file 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)7. Will the dependent be claimed on anyone else's return for 2024? ☐ Yes ☐ NoIf yes, under the Tie Breaker Rule, would dependent be your qualifying child? ☐ Yes ☐ No8. Do you pay child care expenses for this dependent? ☐ Yes ☐ No

If yes, please provide the following:

EIN or SSN: \_\_\_\_\_

Name of provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

9. Did the dependent work or earn wages at any time during 2024? ☐ Yes ☐ No

If yes, provide the amount of wages earned during the year. \_\_\_\_\_

Does the dependent plan to file their own tax return? ☐ Yes ☐ No

		<b>a</b> Employee's social security number 488-1?-????		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) 24-8852125				<b>1</b> Wages, tips, other compensation 22,917				<b>2</b> Federal income tax withheld 3,461			
<b>c</b> Employer's name, address, and ZIP code US SUPERMARKET  1158 CAPITAL ST SAINT PAUL MN 55101				<b>3</b> Social security wages 22,917				<b>4</b> Social security tax withheld 1,420.85			
				<b>5</b> Medicare wages and tips 22,917				<b>6</b> Medicare tax withheld 332.29			
				<b>7</b> Social security tips				<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b> Verification code				<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial GEORGE  9922 PEACH ST DRY RIDGE  <b>f</b> Employee's address and ZIP code KY 41035				<b>11</b> Nonqualified plans				<b>12a</b> See instructions for box 12			
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>				<b>12b</b> Code			
				<b>14</b> Other				<b>12c</b> Code			
								<b>12d</b> Code			
<b>15</b> State Employer's state ID number KY 248852125		<b>16</b> State wages, tips, etc. 22,917		<b>17</b> State income tax 1,295		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

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The information on the Form W-2 was used to prepare the taxpayer's Federal tax return by eBuzz Technologies Inc

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code SMITH INDUSTRIES 258 MAIN ATLANTA GA 30333			1 Gross distribution \$ 5,000		OMB No. 1545-0119  Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b>
			2a Taxable amount \$ 5,000			
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S federal identification number 58-9999999		RECIPIENT'S identification number 488-12-7777	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 500	
RECIPIENT'S name GEORGE EIGHT			5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 9922 PEACH ST			7 Distribution code(s) 7		8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code DRY RIDGE KY 41035			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.	FATCA filing requirement <input type="checkbox"/>		12 State tax withheld \$ 150	
Account number (see instructions)			13 State/Payer's state no. KY 5899999999		14 State distribution \$ 5,000	
			15 Local tax withheld \$		16 Name of locality	
			17 Local distribution \$			

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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**Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page**

The information on the Form 1099R was used to prepare the taxpayer's Federal tax return by eBuzz Technologies

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**20XX** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>George Eight</b>		Box 2. Beneficiary's Social Security Number <b>4XX-XX-XXXX</b>
Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits <b>\$20,115</b>
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withholding
		Box 7. Address <b>George Eight</b> 9922 Peach Street Your City, Your State, Your Zip
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Sample document - Subject to Change