

Practice Four Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use **444-1?-????** 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: 82 Oak Avenue
City: California City State: CA Zip: 93504 County: Kern
Phone No: 281-682-1121 Email: RosaFour@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: Eleven Spouse's Mother's Maiden Name:

Taxpayer's 5 Digit Security PIN: 54321 Spouse's 5 Digit Security PIN:

C. Taxpayer Information:

Taxpayer's Name: Rosa Four SSN: 444-1?-???? Date of Birth: 11-17-1982

Gender: ☐ M ☒ F Are you claimed or will be claimed on someone else's return for 2024? ☐ Yes ☒ No

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

Issue Date: 11-17-2020 Expiration Date: 11-17-2030

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? 1
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? _____ ☒ No
Did 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? _____ ☒ No
Did you (or your spouse) have educator expenses in 2024? ☐ Yes. How much? _____ ☒ No
Did 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: Joe Jones

Landlord's Address: 685 Renters Way California City, CA 93504

Number of months rented: 12 Monthly rent amount: \$500

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: Rosa Four

Date: 11-14-2024

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.

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 ☐ No

If 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 ☐ No

4. Is the dependent a college student? ☐ Yes ☐ No

If 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 ☐ No

If 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 ☐ No

If yes, under the Tie Breaker Rule, would dependent be your qualifying child? ☐ Yes ☐ No

8. 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

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**2024****Part I** Recipient Information

1 Marketplace identifier CA	2 Marketplace-assigned policy number 12345678	3 Policy issuer's name Blue Cross Blue Shield
4 Recipient's name Rosa Four	5 Recipient's SSN 444-1?-????	6 Recipient's date of birth 11-17-1982
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01-01-2024	11 Policy termination date 12-31-2024	12 Street address (including apartment no.) 82 Oak Ave
13 City or town California City	14 State or province CA	15 Country and ZIP or foreign postal code US 93504

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	Rosa Four	444-1?-????	11-17-1982	01-01-2024	12-31-2024
17					
18					
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	\$300.00	\$334.00	\$142.00
22 February	\$300.00	\$334.00	\$142.00
23 March	\$300.00	\$334.00	\$142.00
24 April	\$300.00	\$334.00	\$142.00
25 May	\$300.00	\$334.00	\$142.00
26 June	\$300.00	\$334.00	\$142.00
27 July	\$300.00	\$334.00	\$142.00
28 August	\$300.00	\$334.00	\$142.00
29 September	\$300.00	\$334.00	\$142.00
30 October	\$300.00	\$334.00	\$142.00
31 November	\$300.00	\$334.00	\$142.00
32 December	\$300.00	\$334.00	\$142.00
33 Annual Totals	\$3600.00	\$4008.00	\$1704.00

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Elite Hair and Nails 227 Main St California City CA 93504			OMB No. 1545-0116	
			2024 Form 1099-NEC	
		1 Nonemployee compensation \$ 19,226.00		Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
PAYER'S TIN 76-2252998	RECIPIENT'S TIN 444-1?-????	2		
RECIPIENT'S name Rosa Four		3		
Street address (including apt. no.) 82 Oak Ave		4 Federal income tax withheld \$ 0		
City or town, state or province, country, and ZIP or foreign postal code California City, CA 93504				
		FATCA filing requirement <input type="checkbox"/>		
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	5 State tax withheld \$ _____ \$ _____	6 State/Payer's state no.	7 State income \$ _____ \$ _____

Form **11652**
(Rev. May 2005)

Department of the Treasury — Internal Revenue Service
Questionnaire and Supporting Documentation
Form 1040 Schedule C (Profit or Loss from Business)

Name
Rosa Four

Social security number
444-1?-????

Business Address
82 Oak Ave, California City CA 93504

Telephone Numbers (Home) _____ (Business) 281-682-1121

Business Website (if available) _____

1. Please provide a description of your business. (Type of work, product sold, service provided, hours of operation, where business is conducted)
Hair Stylist

2. Did you receive Form(s) 1099 MISC for the income reported?

No ☐ Yes ☒ (Please send a copy of the Form(s) 1099)

3. If you did not receive Form(s) 1099 MISC for the income reported, provide a copy of the record of income showing the customer name. Also, include the social security number or employer identification number, if available.

4. Is a license a requirement of your occupation? No ☐ Yes ☒

Do you have a business license? No ☐ Yes ☒ (Please provide a copy of your license.)

5. How do you advertise for business? (Please submit copies of your advertisement and paid receipts)

☐ Newspaper ☐ Personal Computer
☒ Flyers ☒ Other (Please explain.) social media

6. By law, you are required to keep adequate records. What type of records do you maintain to verify business income and expenses? (Check all boxes that apply.) (Please submit copies of records.)

<input type="checkbox"/> Accounting Records	<input type="checkbox"/> Computer Records	<input type="checkbox"/> Business Bank Accounts
<input checked="" type="checkbox"/> Paid Invoices/Receipts	<input type="checkbox"/> Business Stationery	<input type="checkbox"/> Insurance
<input type="checkbox"/> Advertising	<input type="checkbox"/> Car/Truck Expense	<input checked="" type="checkbox"/> Rental Expense
<input type="checkbox"/> Log Books	<input type="checkbox"/> Ledgers	<input checked="" type="checkbox"/> Suppliers (name & address)
<input type="checkbox"/> Other (Please specify.) _____		

This is not an all inclusive listing. If you have other forms of documentation to support your business, please explain and submit copies of the documents.

7. Did you file state and/or local sales tax returns for the tax year? No ☒ Yes ☐ (Please send copies.)

Note: If you claimed a refund on your return and have not received it, we will not consider your claim until we review your documentation and make a final determination regarding your tax liability. Failure to complete all parts of this questionnaire and submit documentation to verify income and expense may delay our review of your claim for refund.

Statement of Self-Employed Income

(Please fill out this form if you have 1099misc, Farm, or Rental income)

Name: Rosa Four

SSN: 4 XX XX XXXX

D/B/A (if any): _____

I have received the following income that has not been reported to me on any tax document. I understand that I am to report any income I receive accurately when filing my tax return. I have canceled checks, invoices, records, etc. to prove the information below:

Type of income (If using this form to claim nonemployee compensation please attach 1099misc)	Income amount
1099 ___NEC	19,226
Total	19,226

Expenses (Must itemize out list of expenses being claimed and attach documentation)	Expense Amount
supplies	1,348.87
Booth rental	2,550.00
Total	3,898.87

I understand that it is a Federal offense and punishable by fine and/or imprisonment to report fraudulent income and expenses on my tax return. To the best of my knowledge and records this information is true.

Rosa Four
Taxpayer Signature

02/ 15 / 2025
Date

Rosa Four provided her beauty school certificate as proof of her business.

Sample – For Training Purposes Only



Rosa Four provided the following receipt as proof of her business and her business expenses.

Sample – For Training Purposes Only

Cash Receipt			
From:	Elite Hair and Nails		
Amount:	Two thousand five hundred and fifty dollars		
	(Words)		
For:	Booth Rental Jan 1, 2024 – Dec 31, 2024	Notes	
Name:	Rosa Four	Coins	
Business		Other	
Signed:	Salon Owner	Total	\$2,550
Date:	12-31-2024	Receipt No:	5422

Rosa Four provided the following paid invoice to substantiate her business and prove her business expenses.

[illegible]

*****Sample – For Training Purposes Only*****