

Practice One Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use 411-1?-???? 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.

Tax Year 2024 Interview Sheet

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: 223 Montclair Road
 City: Ft. Lauderdale State: FL Zip: 33303 County: Broward
 Phone No: 417-262-1791 Email: jamesone@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: Brown Spouse's Mother's Maiden Name: _____

Taxpayer's 5 Digit Security PIN: 12345 Spouse's 5 Digit Security PIN: _____

C. Taxpayer Information:

Taxpayer's Name: James One SSN: 411-1?-???? Date of Birth: 9-9-1991

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: FL

Issue Date: 9-9-2020 Expiration Date: 9-9-2030

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? \$10,072 ☐ 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? \$400 ☐ 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 Inc. is not responsible for any information misrepresented, unreported or falsified at the time of filing.

Taxpayer Signature: James One Date: 12-1-2024

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***

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 ☐ 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

		a Employee's social security number 411-1?-????		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile.			
b Employer identification number (EIN) 76-2298541				1 Wages, tips, other compensation 40,183		2 Federal income tax withheld 6,745							
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE NEW YORK NY 10029				3 Social security wages 40,183		4 Social security tax withheld 2,491.35							
				5 Medicare wages and tips 40,183		6 Medicare tax withheld 582.65							
				7 Social security tips		8 Allocated tips							
d Control number				9		10 Dependent care benefits							
e Employee's first name and initial Last name Suff. JAMES ONE 223 MOUNTCLAIR FORT LAYDERDALE FL 33303				11 Nonqualified plans		12a See instructions for box 12 C DD 8,690							
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code													
15 State FL		Employer's state ID number 762298541		16 State wages, tips, etc. 40,183		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

<input type="checkbox"/> CORRECTED (if checked)				Interest Income			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, NA 2 Main Street Charlotte, NC 28201		Payer's RTN (optional)		OMB No. 1545-0112			
		1 Interest income 100 \$		Form 1099-INT			
		2 Early withdrawal penalty \$					
PAYER'S federal identification number 58-1943852		RECIPIENT'S identification number 411-1?-????		Copy B For Recipient			
RECIPIENT'S name James One Street address (including apt. no.) 223 Montclair City or town, state or province, country, and ZIP or foreign postal code Fort Lauderdale, FL 33303		3 Interest on U.S. Savings Bonds and Treas. obligations \$		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.			
		4 Federal income tax withheld \$				5 Investment expenses \$	
		6 Foreign tax paid \$				7 Foreign country or U.S. 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 premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$			
		14 Tax-exempt and tax credit bond CUSIP no.		15 State 16 State identification no. 17 State tax withheld \$ \$			
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**

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, NA 2 Main Street Charlotte, NC 28201		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-0901 Form 1098	Mortgage Interest Statement Copy B For Payer/ Borrower The information in boxes 1 through 10 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.
RECIPIENT'S/LENDER'S federal identification number 58-1943852		PAYER'S/BORROWER'S taxpayer identification no. 411-1?-????		1 Mortgage interest received from payer(s)/borrower(s)* \$ 8,252	
PAYER'S/BORROWER'S name James One		2 Outstanding mortgage principal \$ 110,520	3 Mortgage origination date 11/15/2011		
Street address (including apt. no.) 223 Montclair		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$		
City or town, state or province, country, and ZIP or foreign postal code Fort Lauderdale, FL 33303		6 Points paid on purchase of principal residence \$			
10 Number of mortgaged properties Real Estate Tax 1,820		7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address? If "Yes," box is checked <input type="checkbox"/> If "No," see box 8 or 9, below			
11 Other 		8 Address of property securing mortgage 			
		9 If property securing mortgage has no address, below is the description of the property 			

Form **1098**

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service

Refund Itemizer

Itemized deductions	Amount
Mortgage Interest	8,252
Real Estate / Property Taxes	1,820
Charity -Cash	400
Charity – Non-cash (clothing, furniture, etc)	
Safety Deposit Box	
Last Year Tax Prep Fee	
Ad Valorem (personal property tax)	
Union Dues	
Medical Expenses	
Dental Expenses	
Prescriptions	

Please note: Only expenses that have been paid (no bills) during the tax year being filed can be claimed. Please include receipts, invoices, etc. as proof of deductions.

Nonmileage Job Expense (list out Expenses in spaces below)	Amount

Mileage (on the clock miles; personal vehicle) (indicate employer)	Amount

Employer Reimbursement (yearly total) (indicate employer)	Amount

Please note: Job expenses must be required by your employer. Elective purchases cannot be claimed as a deduction. Please include receipts, invoices, mileage log, employer reimbursement policy, etc. as proof of deductions.

James One
Taxpayer Signature

Nov 15 2024
Date