

Practice Six Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use **466-1?-????** 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.

*** This practice return is a Certificate Return**

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: 1246 Maple Street
City: Richmond State: VA Zip: 23173 County: Chesterfield
Phone No: 770-619-5850 Email: MatthewSix@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: Smith Spouse's Mother's Maiden Name: Jones
Taxpayer's 5 Digit Security PIN: 12345 Spouse's 5 Digit Security PIN: 54321

C. Taxpayer Information:

Taxpayer's Name: Matthew Six SSN: 466-1?-??? Date of Birth: 7-19-1980
Gender: ☒ M ☐ F Are you claimed or will be claimed on someone else's return for 2024? ☐ Yes ☒ No
Drivers License/ State ID #: 12 345678912 3 Issuing State: VA
Issue Date: 7-19-2020 Expiration Date: 7-19-2030
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: Emily Six SSN: 611-16-1116 Date of Birth: 1-5-1986
Gender: ☐ M ☒ F Are you totally and/or permanently disabled? ☐ Yes ☒ No
Drivers License/ State ID #: 123456789123 Issuing State: VA
Issue Date: 1-5-2020 Expiration Date: 1-5-2030
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.)

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? 2
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 ☐ NoIf yes, what state did you move from? North CarolinaWhat state did you move to? VirginiaOn what date did you move? June 1, 2024Did you move to a different address, including from another state, in 2024? ☒ Yes ☐ NoIf yes, what address did you move from? 1 289 Roswell Road Charlotte, NC 281 05On what date did you move? June 1, 2024**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: Matthew SixDate: 2-12-2024Spouse Signature: Emily SixDate: 2-12-2024

****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

☐ CORRECTED**Tuition
Statement****Copy B
For Student**

This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number ABC University 550 College Lane Fargo ND 58102		1 Payments received for qualified tuition and related expenses \$ 6,891	OMB No. 1545-1574 Form 1098-T
		2 Amounts billed for qualified tuition and related expenses \$	
FILER'S federal identification no. 26-3372596	STUDENT'S taxpayer identification 466-1?-????	3 If this box is checked, your educational institution changed its reporting method for 2017 <input type="checkbox"/>	
STUDENT'S name Matthew Six		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 1,327
Street address (including apt. no.) 1246 Maple St		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January—March 2018 ► <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code Richmond, VA 23173		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>		


Form **1098-T**

(keep for your records)

www.irs.gov/form1098t

Department of the Treasury - Internal Revenue Service


Matthew was enrolled as a full time student. He has not completed 4 years of education before the end of December. He has only taken 1 year of AOTC previously. This is his second year of college.

a Employee's social security number 611-11-1166		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 76-4663187				1 Wages, tips, other compensation 31,841		2 Federal income tax withheld 5,623			
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE SIOUX FALLS SD 57104				3 Social security wages 31,841		4 Social security tax withheld 1,974.14			
				5 Medicare wages and tips 31,841		6 Medicare tax withheld 461.69			
				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. EMILY SIX 1246 MAPLE ST RICHMOND VA 1,980				11 Nonqualified plans		12a See instructions for box 12			
				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	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			
VA	764663187	31,841	1,980						

Form **W-2** Wage and Tax Statement**2024**

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.

		a Employee's social security number 466-1?-????		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 76-4663187				1 Wages, tips, other compensation 12,280		2 Federal income tax withheld 1,080					
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE SIOUX FALLS SD 57104				3 Social security wages 10,100		4 Social security tax withheld 626.20					
				5 Medicare wages and tips 12,280		6 Medicare tax withheld 178.06					
				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. MATHEW SIX 1246 MAPLE ST RICHMOND VA 1,980				11 Nonqualified plans		12a See instructions for box 12					
				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	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					
VA	764663187	12,280	1,250								

Form **W-2** Wage and Tax Statement**2024**

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.