

## Practice Ten Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use **410-1?-????** 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: 235 Buckeye Street

City: Columbus State: OH Zip: 43213 County: Franklin

Phone No: 580-567-5478 Email: tomten@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: One 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: Tom Ten SSN: 410-1?-???? Date of Birth: 05/19/1990

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

Drivers License/ State ID #: 123456789012 Issuing State: OH

Issue Date: 05/19/2020 Expiration Date: 05/19/2030

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: \_\_\_\_\_ 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? 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 ☒ 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 ☐ NoIf yes, what is the 4-digit school district number: 2102Did you live/work in a taxing city and request a city return be prepared? ☒ Yes ☐ NoIf yes, please provide city name: Columbus**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: Tom TenDate: 01/23/2024

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.*

**Dependents Name:** Amy Ten **SSN:** 5xx-xx-xxxx **Date of Birth:** 08/15/2015

**Relationship to Taxpayer:** Daughter **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:

I have full custody of the child, they lived with me all year.

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

<b>a</b> Employee's social security number 410-1?-????		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) 59-8761313				<b>1</b> Wages, tips, other compensation 18,500		<b>2</b> Federal income tax withheld 967			
<b>c</b> Employer's name, address, and ZIP code FOOD STORE  5894 SMITH DR CINCINNATI OH 45212				<b>3</b> Social security wages 18,500		<b>4</b> Social security tax withheld 1,147			
				<b>5</b> Medicare wages and tips 18,500		<b>6</b> Medicare tax withheld 268.25			
				<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 TOM  235 BUCKEYE COLUMBUS  Last name TEN  OH 43213  Suff.				<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>			
				<b>14</b> Other SD2102 859		<b>12c</b>			
						<b>12d</b>			
<b>f</b> Employee's address and ZIP code									
<b>15</b> State Employer's state ID number OH 598761313		<b>16</b> State wages, tips, etc. 18,500		<b>17</b> State income tax 560		<b>18</b> Local wages, tips, etc. 18,500		<b>19</b> Local income tax 465	
								<b>20</b> Locality name COLUMBUS	

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.

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>American Funds</b> <b>8123 Money Lane</b> <b>Easton PA 18044</b>			Applicable check box on Form 8949 <b>1</b>		OMB No. 1545-0715  Form <b>1099-B</b>		<b>Proceeds From Broker and Barter Exchange Transactions</b>	
			<b>1a</b> Description of property (Example 100 sh. XYZ Co.) <b>100 shares Walmart</b>					
			<b>1b</b> Date acquired <b>01/15/2015</b>			<b>1c</b> Date sold or disposed <b>12/31/2024</b>		
PAYER'S federal identification number <b>23-4497838</b>		RECIPIENT'S identification number <b>410-1?-????</b>		<b>1d</b> Proceeds <b>\$ 1500</b>		<b>1e</b> Cost or other basis <b>\$ 1300</b>		<b>Copy B For Recipient</b>  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.
				<b>1f</b> Accrued market discount <b>\$</b>		<b>1g</b> Wash sale loss disallowed <b>\$</b>		
RECIPIENT'S name <b>Tom Ten</b>			<b>2</b> Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input checked="" type="checkbox"/> Ordinary <input type="checkbox"/>		<b>3</b> If checked, basis reported to IRS <input checked="" type="checkbox"/>			
Street address (including apt. no.) <b>235 Buckeye</b>			<b>4</b> Federal income tax withheld <b>\$ 0</b>		<b>5</b> If checked, noncovered security <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code <b>Columbus OH 43213</b>			<b>6</b> Reported to IRS: Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>		<b>7</b> If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>			
Account number (see instructions)			<b>8</b> Profit or (loss) realized in 2017 on closed contracts <b>\$</b>		<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2016 <b>\$</b>			
CUSIP number		FATCA filing requirement <input type="checkbox"/>		<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2017 <b>\$</b>		<b>11</b> Aggregate profit or (loss) on contracts <b>\$</b>		
<b>14</b> State name		<b>15</b> State identification no.		<b>16</b> State tax withheld <b>\$</b>		<b>12</b> Check if proceeds from collectibles <input type="checkbox"/>		
				<b>\$</b>		<b>13</b> Bartering <b>\$</b>		

Form **1099-B**

(Keep for your records)

www.irs.gov/form1099b

Department of the Treasury - Internal Revenue Service

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 Tom Ten Social security number 410-xx-xxxx

Business Address  
235 Buckeye, Columbus OH 43213

Telephone Numbers (Home) \_\_\_\_\_ (Business) 580-564-5478

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)

ride share

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.

received a 1099K and printout of miles

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 and company website

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 checked="" type="checkbox"/> Car/Truck Expense	<input type="checkbox"/> Rental Expense
<input checked="" type="checkbox"/> Log Books	<input type="checkbox"/> Ledgers	<input 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

441010

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

Name: Tom Ten

SSN: 410-1?-????

D/B/A (if any): Lyft Driver

*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
1099K	\$1,049.73
Total	\$1,049.73

Expenses (Must itemize out list of expenses being claimed and attach documentation)	Expense Amount
Mileage=1,663 miles driven	
Amazon receipt	\$8.98
Amazon receipt	\$15.98
Total	\$24.96

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.

Tom Ten  
Taxpayer Signature

03 / 15 / 2025  
Date

LYFT, INC  
185 BERRY ST. SUITE 5000  
SAN FRANCISCO, CA 94107

Have questions? Visit the Lyft  
Help Center for more information:  
<http://help.lyft.com>

Tom Ten  
235 Buckeye  
Columbus OH 43213

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LYFT, INC 185 BERRY ST. SUITE 5000 SAN FRANCISCO, CA 94107		FILER'S federal identification no. 20-8809830	OMB No. 1545-2205	<b>Payment Card and Third Party Network Transactions</b>
Check to indicate transactions reported are:		PAYEE'S taxpayer identification no. 4XX-XX-XXXX	Form 1099-K	
		1a Gross amount of payment card/third party network transactions \$1,049.73		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Payment card <input checked="" type="checkbox"/> Third party network <input checked="" type="checkbox"/>	1b Card Not Present transactions	2 Merchant category code 4121	<b>Copy B For Payee</b> 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 taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name, street address, city or town, state or province, country, and ZIP or foreign postal code TOM TEN 235 Buckeye Columbus, OH 43213		3 Number of payment transactions 74	4 Federal income tax withheld	
PSE's name and telephone number		5a January	5b February	
Account number (see instructions) 1029468115 69578038		5c March	5d April	
		5e May	5f June	
		5g July	5h August	
		5i September	5j October	
		5k November	5l December	
		16 State	17 State ID No.	
			18 State Income Tax Withheld	

Form 1099-K

(keep for your records)

[www.irs.gov/form1099k](http://www.irs.gov/form1099k)

Department of the Treasury - Internal Revenue Service

## 1099-K Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network

transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld. Boxes 5a-5l. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Shows state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099k](http://www.irs.gov/form1099k).

Federal 2024 • 1099K

Tax information for gross payments from rides

DOWNLOAD

Federal 2024 • 1099-nec


Tax information for non ride payments like bonuses, referrals. etc.

DOWNLOAD




Lyft Driving Summary

The Lyft Driving Summary is not a tax form. Lyft does not provide tax or legal advice. We recommend you consult a tax professional to help file your taxes.

Total Payments

Total ride payments	\$1,049.73	
Gross ride payments 		
LYft commission 		
Tolls 		
Total non-ride payments 	\$1,049.73	

Total Stats

Total rides	35
In ride miles 	1,663.66 mi
Out of ride miles 	

Lyft's record of the miles you drove from accepting a ride to picking up the passenger

amazon.com

**Final Details for Order #111-666**Print this page for your records.**Order Placed:** August 21, 2024**Amazon.com order number:** 111-666**Order Total:** \$8.98**Shipped on August 22, 2024****Items Ordered**

1 of: *Mstechcorp - For Samsung Galaxy S6 Active GB90, Heavy Duty Universal Car Mount Mobile Phone Holder  
Touch Windshield Dashboard Car Mount Holder (CAR MOUNT)*

Sold by: 6goodeafs ([seller profile](#))

Condition: New

**Price**

\$5.99

**Shipping Speed:**

Standard Shipping

**Payment information****Payment Method:**

Discover Last digits: 0000

Item(s) Subtotal: \$5.99

Shipping &amp; Handling: \$2.99

Total before tax: \$8.98

Estimated tax to be collected: \$0.00

**Credit Card transactions****Grand Total:\$8.98**

To view the status of your order, return to [Order Summary](#).

amazon.com

**Final Details for Order #111-6661**Print this Page for your records.**Order Placed:** August 21, 2024**Amazon.com order number:** 111-6661**Order Total: \$15.98****Shipped on August 22, 2024****Items Ordered****Price**

1 of: *Galaxy S6 ACTIVE case, E LV (HOLSTER DEFENDER) Case Cover - SHOCK PROOF/ IMPACT RESISTANT Dual Layer Heavy Duty Holster Full Body Protection - case cover for Samsung Galaxy S6 ACTIVE* \$9.99

Sold by: Turn On Tech ([seller Profile](#))

Condition: New

1 of: *Lightning Cable, /Phone Charger Nylon Braided Tangle-Free USB Charging Cord for iPhone 7/7 Plus/6S /6 Plus/6S/6/SE/5S/SC/5, iPad4, iPad Pro, iPad Air, iPad Mini by Rephoenix(blue-1m}* \$5.99

Sold by: Rephoenix Tech ([seller Profile](#))

Condition: New

**Shipping Speed:**

Two-Day Shipping

**Payment information****Payment Method:**

Discover Last digits: 0000

Item(s) Subtotal: \$15.98

Shipping &amp; Handling: \$0.00

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Total before tax: \$15.98

Estimated tax to be collected: \$0.00

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**Credit Card transactions****Grand Total:\$15.98**To view the status of your order, return to [Order Summary](#)

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 Tom Ten Social security number 4xx-xx-xxxx

Business Address  
235 Buckeye, Columbus OH 43213

Telephone Numbers (Home) \_\_\_\_\_ (Business) 580-564-5478

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)

ride share

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.

received year end summary statement of income and expenses

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 and company website

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 checked="" type="checkbox"/> Car/Truck Expense	<input type="checkbox"/> Rental Expense
<input checked="" type="checkbox"/> Log Books	<input type="checkbox"/> Ledgers	<input 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: Tom Ten

SSN: 4xx-xx-xxxx

D/B/A (if any): Uber Driver

*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
Uber statement of earnings	\$1,054.00
Total	\$1,054.00

Expenses (Must itemize out list of expenses being claimed and attach documentation)	Expense Amount
Mileage=3,249 miles driven	
Expenses listed on Uber statement of earnings	\$340.82
Total	\$340.82

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.

Tom Ten  
Taxpayer Signature

03 / 15 / 2025  
Date

UBER

1455 Market St

San Francisco, CA 94103

Uber Tax ID Number: 45-2647441

Tom Ten

Tax Summary for 2024

Thanks for doing driving with Uber. Below is a breakdown of your earnings over the year that may help you file your taxes.

<div>Driving Totals</div> <div>Total trip earnings from Uber plus any other additional earnings</div>	<div>80</div> <div>Completed Trips</div>	<div>3,249</div> <div>ONLINE MILES</div>
<div>Your Gross Earnings</div> <div>Total trip earnings from Uber, plus any other additional earnings</div>	<div>Expenses, Fees and Tax</div> <div>Expenses, fees and tax.</div>	<div>Your Net Payout</div> <div>Not for tax filing purposes.</div>
<div>Gross Trip Earnings • \$1,052.08</div> <div>Total Additional Earnings + \$2.27</div> <div>\$1,054.35</div>	<div>-\$340.82</div> <div>\$340.82</div>	<div>NetTrip Earnings \$713.53</div> <div>=\$713.53</div>



UBER

1495 Market St

San Francisco, CA 94103

Uber Tax ID Number: 45-2647441

# Tom Ten

## Tax Summary for 2024

Table 1 - Expenses, Fees, Tax

Uber Partner Fees	
Uber Service fee/Other adjustments	\$172.52
Booking Fee	\$168.30
Reimbursements: Tolls, Airport Fees and	
Surcharges TOTAL EXPENSES, FEES AND TAX	\$340.82

Table- 2 Additional Payments from Uber or Subsidiaries

Referrals and Incentives	2.27
TOTAL ADDITIONAL EARNINGS	\$2.27