

Practice Two Problem Instructions

1. When creating a return, the primary SSN must be unique. For this practice return use **422-1?-????** 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: 123 Mockingbird Lane

City: Tucson State: AZ Zip: 85730 County: Pima

Phone No: 770-619-5850 Email: paultwo@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: Paul Two SSN: 422-1?-???? Date of Birth: 06/09/1972

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: AZ

Issue Date: 06/09/2020 Expiration Date: 06/09/2030

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: Olivia Two SSN: 411-11-1115 Date of Birth: 7/11/1974

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

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

Issue Date: 7/11/2020 Expiration Date: 7/11/2030

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 ☒ 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: Paul TwoDate: 11-23-2024Spouse Signature: Olivia TwoDate: 11-23-2024

****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

a Employee's social security number 411-11-1115		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile .			
b Employer identification number (EIN)				1 Wages, tips, other compensation 11,277		2 Federal income tax withheld 944					
c Employer's name, address, and ZIP code ABC ENTERPRISES 2244 WORK LANE NEW YORK NY 10029				3 Social security wages 11,277		4 Social security tax withheld 699.17					
				5 Medicare wages and tips 11,277		6 Medicare tax withheld 163.52					
				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. OLIVIA TWO 123 MOCKINGBIRD LANE TUCSON AZ 85730				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 AZ 237781206		16 State wages, tips, etc. 11,277		17 State income tax 580		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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.

Form **11652**
(January 2021)

Department of the Treasury - Internal Revenue Service

Questionnaire and Supporting Documentation
Form 1040 Schedule C (Profit or Loss from Business)

This questionnaire lists the types of records you need to send us to prove your Schedule C income and expenses. The law requires you to keep adequate records to complete your Schedule C. Please review each line of this questionnaire and answer every question.
Return the questionnaire along with copies of your supporting documents.

Note: Failure to complete all parts of this questionnaire and submit the supporting documentation can delay the examination of your return and the final determination of your tax liability.

Name Paul Two		422-1?-????
Business address 123 Mockingbird Lane, Tucson AZ 85730		Year business started
Telephone Number 770-619-5850	Business website (if applicable)	

1. Provide a description of your business (type of work, product sold, service provided, hours of operation, where business is conducted, etc.)
Paint home, interior and exterior

2. Provide a copy of your business license or permit if applicable

3. How do you advertise your business? If you pay for advertisement, submit copies of receipts or other proof of payment
Flyers in mailboxes

4. Did you file state or local sales tax returns for the year

☐ Yes (provide copies) ☐ No ☒ Not applicable

5. Did you receive Forms 1099-MISC, 1099-NEC or 1099-K for the income reported

☐ Yes (provide copies) ☒ No

6. Provide copies of records to support the business income reported for any income you received not included on a Form 1099. Check all boxes that apply (below references are intended to be illustrative and don't constitute government endorsement of any private product, service, entity, or enterprise)

- ☐ Business/Personal bank account statements with business income highlighted
- ☐ Accounting records (e.g., QuickBooks, Peachtree)
- ☐ Electronic payment records (e.g., Apple Pay, PayPal, Zelle, Cash App)
- ☐ Logbooks/Ledgers
- ☒ Invoices/Receipts issued to customers for goods and services
- ☒ Other Check copies of payments received

7. Provide copies of records to support the business expenses reported. Check all boxes that apply (below references are intended to be illustrative and don't constitute government endorsement of any private product, service, entity, or enterprise)

- ☒ Invoices/Receipts received from suppliers for goods and services purchased
- ☐ Rental Contracts
- ☐ Business insurance contracts
- ☐ Electronic payment records (e.g., Apple Pay, PayPal, Zelle, Cash App) with expenses highlighted
- ☒ Mileage log and receipts for actual car/truck expenses
- ☐ Bank/Credit card statements with expenses highlighted
- ☐ Other _____

Information about Schedule C can be found in IRS Publication 334, Tax Guide for Small Business, and Publication 583, Starting a Business and Keeping Records. These publications can be downloaded from www.irs.gov/forms or can be requested by calling 800-TAX-FORM (800-829-3676).

For Paperwork Reduction Act Notice, see the Schedule C Instructions.

Statement of Self-Employed Income

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

Name: Paul Two

SSN: 4xx-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
Cash and checks received	22,750
Total	22,750



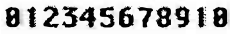
Expenses (Must itemize out list of expenses being claimed and attach documentation)	Expense Amount
supplies	2,505
miles = 4,759	
Total	2,505


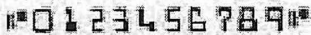
I understand that it is a Federal offense and punishable by fine and/or imprisonment to report fraudulent income and expenses on my tax return. To the best of my knowledge and records this information is true.

Paul Two
Taxpayer Signature

Date: Jan 23, 2025

Sample – For Training Purposes Only

	INSERT NAME ADDRESS CITY, STATE, ZIP CODE	0001
	NOT A LEGAL CHECK FOR TEACHING USE ONLY	
PAY TO THE ORDER OF <u>Paul Two</u> \$ 10,000		
<u>Ten thousand dollars</u> ----- DOLLARS		
INSERT Bank Name (example: Bank of 5th Grade)		
FOR <u>Interior/Exterior paint job</u>		<u>Customer Signature</u>
 012345678910  012345678910 0001		

FOR TEACHING PURPOSES, THE FACE OF THE DOCUMENT CONTAINS A CLOBBED BACKGROUND AND A PHOTOGRAPH OF THE CHECKER	
John Smith & Cindy Smith 100 Somewhere Rd. San Francisco, CA (111) 111-1111, myemail@hotmail.com	No. 109 627030 Date 06-11-2024
Pay To The Order Of <u>Paul Two</u> \$ <u>5,500</u>	
<u>Five thousand five hundred dollars even</u> -----	
My Bank 123 Bank Road Nowhere, KY, 40000 For: <u>Paint job</u>	
<u>Customer Signature</u>	
 012345678910  012345678910 0109	

Joe C. Dollar 123 Thrifty Drive Mint City, NC 22222	1554 10-22-2024 Date
Pay to the Order of <u>Paul Two</u> \$ 7,250	
<u>Seven thousand two hundred and fifty</u> ----- Dollars	
The Money Bank Mint City, North Carolina Memo <u>Painting</u>	
<u>Customer Signature</u>	

12.31.2024**Invoice # 2211****Local Business Supplier****Bill To:****For:**

Invoice for 2017

Paul Two

123 Mockingbird Lane

City, State, and Zip Code

770-619-5850

Item Number	Description	Price	Quantity	Amount
ABC-123	Paint brushes	\$ 5.00	15	\$ 75.00
ABC-134	Rollers	\$ 4.00	20	\$ 80.00
ABC-225	Painters tape	\$ 3.99	20	\$ 79.80
ABC-887	Sprayer	\$ 999.00	1	\$ 999.00
ABC-151	Ladder	\$ 1,200.00	1	\$ 1,200.00
				\$ -
				\$ -
	Total items: 5		Subtotal	\$ 2,433.80

Sales Tax Rate: 5.0%**Sales Tax** \$ 121.69**Less Deposit Received** \$ 50.00**Invoice Total** \$ 2,505.49**Make all checks payable to:**

Local Business Supplier

Paid 12/31/2024**If you have any questions
concerning this invoice,
contact:****Thank you for your business!**

Contact Name

Company Name

Contact Phone Number

Phone:

Street Address

Company Website

Contact Email Address

Fax:

City, State, and Zip Code

Company Email Address

*****Sample - For Training Purposes Only*****

This is a partial sample of the mileage log provided by Paul Two

MILEAGE LOG SHEET						
Year: 2024				Odometer		
Date	Time	Description/Purpose	Location	Start	Finish	Total Mileage
2-15		Hill paint job				14
2-16		Hill paint job				14
2-17		Hill paint job				14
2-18		Home Depot - Hill job				11
2-18		Hill paint job				14
2-19		Hill paint job				14
3-22		Kinko's – Business Flyers				8
5-9		Estimate – Jones job				20
5-28		Estimate – Smith Job				28
5-29		Smith paint job				28
5-30		Home Depot – Smith job				11
5-31		Smith job				28

Sample – For Training Purposes Only

This is a partial log for training purposes – For a real return the taxpayer would need to provide a complete mileage log.