

Form <b>13614-C</b> (October 2020)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	OMB Number 1545-1964
<b>You will need:</b> <ul style="list-style-type: none"> <li>• Tax Information such as Forms W-2, 1099, 1098, 1095.</li> <li>• Social security cards or ITIN letters for all persons on your tax return.</li> <li>• Picture ID (such as valid driver's license) for you and your spouse.</li> </ul>		
<ul style="list-style-type: none"> <li>• Please complete pages 1-4 of this form.</li> <li>• You are responsible for the information on your return. Please provide complete and accurate information.</li> <li>• If you have questions, please ask the IRS-certified volunteer preparer.</li> </ul>		

Volunteers are trained to provide high quality service and uphold the highest ethical standards.  
 To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name <b>MARU</b>	M.I.	Last name <b>PARATA</b>	Daytime telephone number <b>619-675-0872</b>	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address <b>34 SUNRISE CIRCLE</b>		Apt #	City <b>YOUR CITY</b>	State <b>YOUR STATE</b> ZIP code <b>YOUR ZIP</b>
4. Your Date of Birth <b>19 SEP 1955</b>	5. Your job title <b>HANDYMAN</b>		6. Last year, were you:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth		8. Your spouse's job title		9. Last year, was your spouse:
				b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
				a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
				c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, or your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2020, what was your marital status?  Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)  Married

a. If Yes, Did you get married in 2020?  Yes  No

b. Did you live with your spouse during any part of the last six months of 2020?  Yes  No

\*If using 2021 software, substitute 2021 wherever 2020 is used on this intake form.\*

Divorced Date of final decree \_\_\_\_\_

Legally Separated Date of separate maintenance decree \_\_\_\_\_

Widowed Year of spouse's death **2016**

2. List the names below of **everyone** who lived with you last year (other than your spouse) and **anyone** you supported but did not live with you last year. If additional space is needed check here  and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no/n/a)	Did this person have less than \$4,300 of income? (yes/no/n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
LELANI ADAMS	6 MAY 1982	DAUGHTER	10	Y	Y	S	Y	N					
MIKE ADAMS	9DEC 2006	GRANDSON	10	Y	Y	S	Y	N					

## Interview Notes

Maru has marked the following boxes “yes” on page 2 of the I/I Sheet; all other boxes are marked “no”:

Part III Income: 7-Self-Employment, 8-Cash payments for work, 13-Social Security

Part IV Expenses: 3-College expenses (marked Unsure), 4-Deductions (Medical, Charity), 7-Expense for self-employment

Part V Life Events: 7-Make Estimated Payments, 10-Received stimulus

Maru is a self-employed handyman. He has a contract with a local apartment complex and receives cash payments from homeowners. He maintains excellent business records and provides you with a summary using the worksheet that you gave him. He stated he made four \$500 estimated payments for 2021 on or before their due dates.

In reviewing Maru’s 2020 and 2019 federal returns you find the following:

- He elected to defer the employer portion of Social Security tax included in his self-employment tax. You find the worksheet in his 2020 return.
- He filed Form 7202. During your interview you discover that Maru lost eight more days because he had to self-isolate in February 2021. Then in April, he had a reaction to the COVID vaccine he received on April 16 which took several days to recover from – he was unable to work for six days and had to cancel or reschedule three job appointments. You also located Schedule SE from his 2020 return.
- His 2019 return shows his earned income was \$31,780.

Maru’s daughter Lelani and her husband divorced in December 2020 and she and her son moved in with her father in March. Lelani never worked outside the home and gets monthly alimony of \$400 plus \$300 child support. She has enrolled in the local community college pursuing a nursing degree. She has a small scholarship and took out a small student loan to pay the rest. She has no other income. She did not file a 2020 tax return. Her father is supporting her and her son. Maru marked Unsure for college expenses since he has helped Lelani pay for some books and required nursing supplies.

During your interview, Maru stated that he had some minor medical expenses (less than \$500) and contributed \$1,250 to his church and has a letter of acknowledgement.

He received a \$1,400 EIP3 payment and no Advanced Child Tax Credit payment. He said that his daughter did not receive a payment and does not know what her ex-husband received.

If he receives a refund, he would like to deposit half in his checking and half in his savings account. His savings account number is 9871237788 (shown on a bank statement he shows you) with the same routing number.



**FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2021**

PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>MARU PARATA</b>		Box 2. Beneficiary's Social Security <b>504-00-XXXX</b>													
Box 3. Benefits Paid in 2021 <b>\$17,895.80</b>	Box 4. Benefits Repaid to SSA in 2021	Box 5. Net Benefits Paid for 2021 (Box 3 minus Box 4) <b>\$17,895.80</b>													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">DESCRIPTION OF AMOUNT IN BOX 3</th> <th style="width:50%;">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td>Paid by check or direct deposit <b>\$15,613.80</b></td> <td rowspan="3"></td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits <b>\$1,782.00</b></td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> </tr> <tr> <td>Total Additions <b>\$2,282.00</b></td> <td>Box 6. Voluntary Federal Income Tax Withheld <b>\$500.00</b></td> </tr> <tr> <td>Benefits for 2021 <b>\$17,895.80</b></td> <td>Box 7. Address <b>MARU PARATA 34 SUNRISE CIRCLE YC, YS, YZIP</b></td> </tr> <tr> <td>Benefits for 2020</td> <td rowspan="3">Box 8. Claim Number (use this number if you need to contact SSA) <b>504-00-XXXXA</b></td> </tr> <tr> <td>Benefits for 2019</td> </tr> <tr> <td>Benefits for 2018</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4	Paid by check or direct deposit <b>\$15,613.80</b>		Medicare Part B premiums deducted from your benefits <b>\$1,782.00</b>	Medicare Prescription Drug premiums (Part D) deducted from your benefits	Total Additions <b>\$2,282.00</b>	Box 6. Voluntary Federal Income Tax Withheld <b>\$500.00</b>	Benefits for 2021 <b>\$17,895.80</b>	Box 7. Address <b>MARU PARATA 34 SUNRISE CIRCLE YC, YS, YZIP</b>	Benefits for 2020	Box 8. Claim Number (use this number if you need to contact SSA) <b>504-00-XXXXA</b>	Benefits for 2019	Benefits for 2018
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Benefits for 2019															
Benefits for 2018															

Form **SSA-1099-SM**

**CORRECTED (if checked)**

PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. <b>ANDERSON PROPERTY MANAGEMENT 1621 WEST 33RD ST YC, YS, YZIP</b>		OMB No. 1545-0116  <div style="font-size: 2em; font-weight: bold; text-align: center;">2021</div> Form 1099-NEC	Nonemployee Compensation
PAYER'S TIN <b>95-670XXXX</b>	RECIPIENT'S TIN <b>504-00-XXXX</b>	1 Nonemployee compensation <b>\$11,659.37</b>	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. 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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code <b>MARU PARATA 34 SUNRISE CIRCLE YC, YS, YZIP</b>		2	
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld	
Account number (see instructions) <b>90007421</b>	16 State tax withheld	17 State/Payer's state no. -----	
		18 State income -----	

Form **1099-NEC**

**2021 Self-Employed Worksheet** (type-in fillable)

*(Complete a separate worksheet for each business)*

Name: Maru Parata

- |  |  |
|--|--|
| <input type="checkbox"/> I paid employees or other individuals         | <input type="checkbox"/> I want to deduct a home office            |
| <input type="checkbox"/> I had more than \$35,000 in business expenses | <input type="checkbox"/> I received a Form 1095-A                  |
| <input type="checkbox"/> I kept an inventory for my business           | <input type="checkbox"/> I need to report a business loss          |
| <input type="checkbox"/> I have assets to depreciate (any > \$2,500)   | <input type="checkbox"/> I don't use the cash method of accounting |

***If you checked any of the above, please stop here and speak with one of our Counselors.***

*If you checked none of these above, please continue by completing the worksheet below for each business.*

Income	
Forms 1099 (-NEC, -MISC, -K)	\$ 11,659.37
Cash, checks, etc. (incl. tips)	\$ 33,796.76
Business expenses	
Advertising	\$ 650
Commissions and fees	\$
Health insurance premiums	\$ 1,800
Business insurance	\$ 575
Interest on business loans	\$
Office expense/supplies	\$ 35.78
Rent (not home office)	\$ 1,300
Repairs	\$
Supplies	\$ 2,956.73
Licenses or fees	\$ 450

Business use of car or truck	
Total mileage for year	9,564 mi.
Business miles	458 mi.
Commuting miles	mi.
Other miles	mi.
Vehicle description: <b>2017 Ford F150 Truck</b>	
Date placed in service: <b>5 May 2018</b>	

Business expenses (cont.)	
Business part of phone	\$ 467.00
Training for this business	\$ 150.00
Tools, etc. under \$2,500 each	\$ 2,645.09
Travel away from home	\$
Business meals at restaurants	\$ 45.98
Other business meals	\$
Other (specify)	\$
<b>Personalized coveralls</b>	\$ 123.75
	\$
	\$
	\$
	\$
	\$

Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

During your interview, you gather the following information:

- The health insurance premiums are for a Medicare supplemental policy. Maru says he also has dental insurance that costs \$720 but was not sure if that counted as health insurance. Lelani and her son have health insurance provided by her ex-husband for five years as specified in the divorce settlement.
- The rent was for special tools that were needed for a few jobs.
- The \$150 training expense was for a plumbing repairs workshop held at Home Depot.
- The business lunch was at a local restaurant to discuss the annual maintenance plan for the apartment complex with the property manager.
- The personalized coveralls have "Maru's Handyman Services" and his phone number embroidered on them

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person  
with self-employment income ►

MARU PARATA

504-00-XXXX

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 21980

**3** Combine lines 1a, 1b, and 2 **3** 21980

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 20299

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue. ► **4c** 20299

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

**6** Add lines 4c and 5b **6** 20299

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ► **9** 137700

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 2517

**11** Multiply line 6 by 2.9% (0.029) **11** 589

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 3106

**13 Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 1553

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods **14** 5,640

**15** Enter the **smaller** of: two-thirds ( $\frac{2}{3}$ ) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>2</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14. **16**

**17** Enter the **smaller** of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2020

QNA

**Deferral Worksheet for Schedule H or Schedule SE filers—Schedule 3, line 12e**

**Before you begin:**  Complete Schedule H (Form 1040) or Schedule SE (Form 1040).

1a.	Enter the amount from line 25 of Form 1040 or 1040-SR	1a.	
b.	Enter the amount from line 26 of Form 1040 or 1040-SR	1b.	2700
c.	Enter the amount from line 9 of Schedule 3	1c.	
d.	Enter the amount from line 10 of Schedule 3	1d.	
e.	Add lines 1a through 1d	1e.	2700
2.	Enter the amount from line 24 of Form 1040 or 1040-SR	2.	3619
3.	Enter the amount(s) from line 8b of your Schedule(s) H	3.	
4.	Add lines 2 and 3	4.	3619
5.	Enter the amount from line 8d of your Schedule(s) H	5.	
6.	Enter the amount from line 26 of your Schedule(s) SE	6.	975
7.	Add lines 5 and 6	7.	975
8.	Subtract line 7 from line 4	8.	2644
9.	Subtract line 8 from line 1e. If zero or less, enter -0-	9.	56
10.	Subtract line 9 from line 7 You can defer payment on up to the amount on line 10 until 12/31/2021 or 12/31/2022 by reporting the amount on line 10 above (or a smaller amount) on line 12e of Schedule 3 (Form 1040). See instructions.	10.	919
11.	Enter the amount you reported on Schedule 3, line 12e	11.	919
12.	Enter one-half of the amount on line 7 above	12.	488
13.	Enter the smaller of line 11 or line 12. You must pay this amount by 12/31/2022	13.	488
14.	Subtract line 13 from line 11. You must pay this amount by 12/31/2021	14.	431

**Credits for Sick Leave and Family Leave  
 for Certain Self-Employed Individuals**

▶ Attach to Form 1040 or 1040-SR.  
 ▶ Go to [www.irs.gov/Form7202](http://www.irs.gov/Form7202) for instructions and the latest information.

Name of person with self-employment income (as shown on Form 1040 or 1040-SR)

Social security number of person with  
 self-employment income

MARU PARATA

504-00-XXXX

**Part I Credit for Sick Leave for Certain Self-Employed Individuals**

1	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions	1	4
2	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Do not include days you included in line 1.) See instructions	2	
3	If you are filing a fiscal year return, see instructions; otherwise enter 10	3	10
4	Enter the smaller of line 1 or line 3	4	4
5	Subtract line 4 from line 3	5	6
6	Enter the smaller of line 2 or line 5	6	
7	Net earnings from self-employment (see instructions)	7	31030
8	Divide line 7 by 260 (round to nearest whole number)	8	119
9	Enter the smaller of line 8 or \$511	9	119
10	Multiply line 4 by line 9	10	476
11	Multiply line 8 by 67% (0.67)	11	80
12	Enter the smaller of line 11 or \$200	12	80
13	Multiply line 6 by line 12	13	
14	Add lines 10 and 13	14	476
15	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer (see instructions)	15	
16	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer (see instructions)	16	
<b>If line 15 and line 16 are both zero, skip to line 24 and enter the amount from line 14.</b>			
17	Add line 13 and line 16	17	
18	Enter the smaller of line 17 or \$2,000	18	
19	Subtract line 18 from line 17	19	
20	Add lines 10, 15, and 18	20	
21	Enter the smaller of line 20 or \$5,110	21	
22	Subtract line 21 from line 20	22	
23	Add line 19 and line 22	23	
24	Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b	24	476

**Part II Credit for Family Leave for Certain Self-Employed Individuals**

25	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Do not enter more than 50 days.) See instructions	25	
26	Net earnings from self-employment (see instructions)	26	
27	Divide line 26 by 260 (round to nearest whole number)	27	
28	Multiply line 27 by 67% (0.67)	28	
29	Enter the smaller of line 28 or \$200	29	
30	Multiply line 25 by line 29	30	
31	Amount of qualified family leave wages you received from an employer (see instructions)	31	
<b>If line 31 is zero, skip to line 35 and enter the amount from line 30.</b>			
32	Add line 30 and line 31	32	
33	Enter the smaller of line 32 or \$10,000	33	
34	Subtract line 33 from line 32	34	
35	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b	35	

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Form **7202** (2020)

ONA

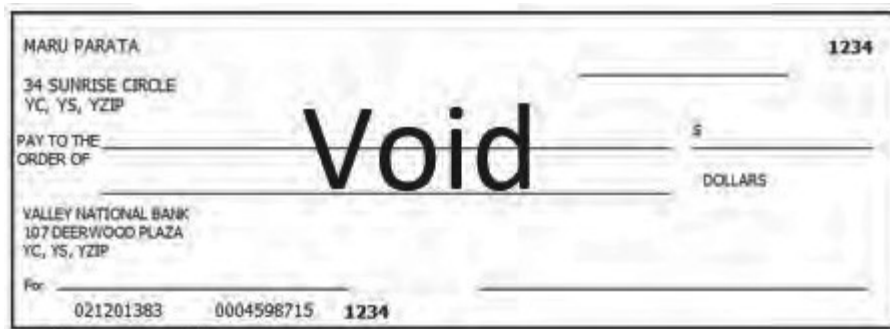
<input type="checkbox"/> CORRECTED (if checked)			
FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number  <b>CARSON COUNTY COMMUNITY COLLEGE</b> <b>132 EMERSON PARKWAY</b> <b>YC, YS, YZIP</b>		1 Payments received for qualified tuition and related expenses  <div style="text-align: right;">\$3,850.00</div>	OMB No. 1545-1574  <div style="font-size: 2em; font-weight: bold; text-align: center;">2021</div>  Form 1098-T
FILER'S employer identification no. <div style="text-align: center;">20-870XXXX</div>	STUDENT'S TIN <div style="text-align: center;">514-22-XXXX</div>	3 If this box is checked, your educational institution has changed its reporting method for 2021. <input type="checkbox"/>	
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code  <b>LELANI ADAMS</b> <b>34 SUNRISE CIRCLE</b> <b>YC, YS, YZIP</b>		4 Adjustments made for a prior year	5 Scholarships or grants  <div style="text-align: right;">\$1,000.00</div>
Service Provider/Acct No. (see instr.) <div style="text-align: center;">120007531</div>		8. Checked if at least half-time student <input checked="" type="checkbox"/>	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2022. > <input type="checkbox"/>  9 Checked if a graduate student <input type="checkbox"/>  10 Ins. contract reimb./refund
Form <b>1098-T</b>			

**Copy B  
For Student**

This is important tax information and is being furnished to the IRS. 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.

Lelani is in her first year of nursing school. During your interview you note the following information:

- This is her first year of postsecondary education. She has never been convicted of a crime.
- The scholarship is for tuition only.
- Her father purchased text books on-line for \$150 and she bought used text books from a second year nursing student for \$200.
- Her father also paid \$120 for scrubs that were required by the school and had her name embroidered on them.



**To think about:**

Maru says that Leilani did not file a 2020 tax return. These are possible questions you might ask:

- Confirm the divorce was final before the end of 2020.
- Did she or her ex-spouse receive any EIP for 2020 while they were married?
- Did her ex-spouse claim Mike as a dependent?
- Maybe she should file a return for 2020 to claim the recovery rebate credit?

**You will need:**  
 • Tax Information such as Forms W-2, 1099, 1098, 1095.  
 • Social security cards or ITIN letters for all persons on your tax return.  
 • Picture ID (such as valid driver's license) for you and your spouse.  
 • Please complete pages 1-4 of this form.  
 • You are responsible for the information on your return. Please provide complete and accurate information.  
 • If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name: **RAYMOND** M.I. **J** Last name: **QUINN** Daytime telephone number: **405-998-0704** Are you a U.S. citizen?  Yes  No

2. Your spouse's first name: M.I. Last name: Daytime telephone number: Is your spouse a U.S. citizen?  Yes  No

3. Mailing address: **5700 EAST CANYON DRIVE** Apt # City: **YOUR CITY** State: **YOUR STATE** ZIP code: **YOUR ZIP**

4. Your Date of Birth: **5/16/1968** 5. Your job title: **NONE** 6. Last year, were you: a. Full-time student  Yes  No  
 b. Totally and permanently disabled  Yes  No c. Legally blind  Yes  No

7. Your spouse's Date of Birth: 8. Your spouse's job title: 9. Last year, was your spouse: a. Full-time student  Yes  No  
 b. Totally and permanently disabled  Yes  No c. Legally blind  Yes  No

10. Can anyone claim you or your spouse as a dependent?  Yes  No  Unsure

11. Have you, or your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?  Yes  No

**Part II – Marital Status and Household Information**

1. As of December 31, 2020, what was your marital status?  Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)  
 Married a. If Yes, Did you get married in 2020?  Yes  No  
 Divorced b. Did you live with your spouse during any part of the last six months of 2020?  Yes  No  
 \*If using 2021 software, substitute 2021 wherever 2020 is used on this intake form.\*  
 Legally Separated Date of final decree: \_\_\_\_\_  
 Widowed Date of separate maintenance decree: \_\_\_\_\_  
 Year of spouse's death: \_\_\_\_\_

2. List the names below of:  
 • everyone who lived with you last year (other than your spouse)  
 • anyone you supported but did not live with you last year  
 If additional space is needed check here  and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no/n/a)	Did this person have less than \$4,300 of income? (yes/no/n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
ALONZO QUINN	7/17/1940	FATHER	7	Y	Y	S	N	Y					