

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, 1088, 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>		
<b>Volunteers are trained to provide high quality service and uphold the highest ethical standards.</b> <b>To report unethical behavior to the IRS, email us at <a href="mailto:wi.voltax@irs.gov">wi.voltax@irs.gov</a></b>		
<b>Part I – Your Personal Information</b> (If you are filing a joint return, enter your names in the same order as last year's return)		
1. Your first name <b>GAN</b>	M.I. <b>N</b>	Last name <b>THAM</b>
2. Your spouse's first name <b>STEPHANI</b>	M.I. <b>M</b>	Last name <b>SWANSON</b>
3. Mailing address <b>7845 ROBIN HOOD CT</b>		Daytime telephone number <b>307-551-8702</b>
4. Your Date of Birth <b>1/17/1950</b>		Daytime telephone number <b>307-534-1591</b>
5. Your job title <b>RETIRED</b>		Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Last year, were you:		Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Your spouse's Date of Birth <b>5/27/1955</b>		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Your spouse's job title <b>LIBRARIAN</b>		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Last year, was your spouse:		c. Legally blind <input type="checkbox"/> Yes <input checked="" 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		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. 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		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Part II – Marital Status and Household Information</b>		
1. As of December 31, 2020, what was your marital status? <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)		
*If using 2021 software, substitute 2021 wherever 2020 is used on this intake form.*		
a. If Yes, Did you get married in 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Did you live with your spouse during any part of the last six months of 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. List the names below of: • <b>everyone</b> who lived with you last year (other than your spouse) • <b>anyone</b> you supported but did not live with you last year		
If additional space is needed check here <input type="checkbox"/> and list on page 3		
<b>To be completed by a Certified Volunteer Preparer</b>		
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)
(a)	(b)	(c)
(d)	(e)	(f)
(g)	(h)	(i)
(j)	(k)	(l)
(m)	(n)	(o)
(p)	(q)	(r)
(s)	(t)	(u)
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## Interview Notes

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

Part III Income: 1-Wages, 9-Sale of Real Estate, 11-Retirement Income, 13-Railroad Retirement

Part IV Expenses: 2-Contributions to retirement account (IRA), 4-Deductions (Charity, Taxes)

Part V Life Events: 5-Install energy-efficient home items, 7-Make estimated tax payment, 10-Received Economic Impact Payment

Gan is a railroad retiree. He retired from the railroad in 2012 and received his first payment 1 May 2012. He chose a joint and survivor annuity. He confirms that he deducted all the contributions he made to his IRA over the years.

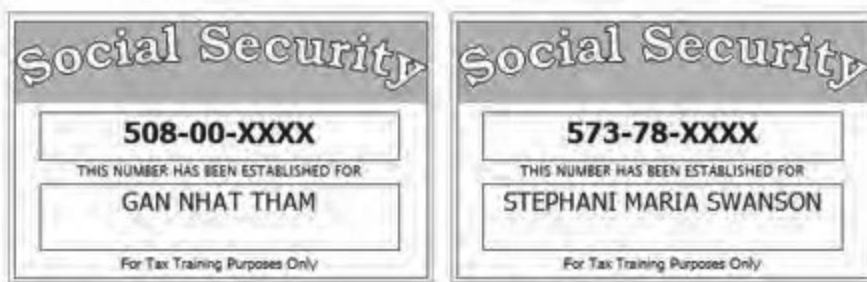
Stephani works part time at the local library. She worked more hours in 2019 and her 2019 W-2 box 1 shows \$12,876, which was their only earned income. Stephani contributed \$1,000 to her traditional IRA for 2021.

Last year they sold a small vacation home that they and their family had used for several years. They used some of the proceeds from that sale to make improvements to their primary residence, including replacing insulation in their attic (insulation cost \$350.00) and a new energy-efficient heating and air conditioning system (total cost including installation \$7,958.00). They have a certificate from the manufacturer showing it meets the requirements for the residential energy credit. They have not claimed the energy credit in the past.

They paid \$2,700 in property tax and they donated \$3,600 to their church which was sent from Gan’s IRA by Hastings Investments. Gan says that he has a letter of acknowledgement from the church.

They received a \$2,800 EIP3 payment.

They would like direct deposit if due a refund and will send a check if they owe.



A check stub form is shown. The payee information is: GAN NHAT THAM, STEPHANI MARIA SWANSON, 7845 ROBIN HOOD CT, YC, YS, YZIP. The amount is 1234 dollars. The check number is 325070760 and the MICR line is 987123654 1234. The bank is Morning Star Credit Union, PO BOX 1610, YC, YS, YZIP.

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N. RUSH ST. CHICAGO, IL 60611-2092		<b>2021</b>	PAYMENTS BY THE RAILROAD RETIREMENT BOARD		
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 2021		\$18,765.00	COPY C -  FOR RECIPIENT'S RECORDS.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code 235590	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2021				
2. Recipient's Identification Number 508-00-XXXX	5. Net Social Security Equivalent Benefit Portion of Tier 1 paid in 2021		\$18,765.00		
Recipient's Name, Address, City, State and ZIP Code  GAN NHAT THAM 7845 ROBIN HOOD CT YC, YS, YZIP	6. Workers Compensation Offset in 2021				
	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2020				
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2019				
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2019				
	10. Federal Income Tax Withheld				11. Medicare Premium \$1,782.00

Form **RRB-1099**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N. RUSH ST. CHICAGO, IL 60611-2092		<b>2021</b>	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Employee Contributions		\$79,885.00	COPY B -  REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.		
1. Claim Number and Payee Code 235590	4. Contributory Amount Paid		\$25,541.00			
2. Recipient's Identification Number 508-00-XXXX	5. Vested Dual Benefit					
Recipient's Name, Address, City, State and ZIP Code  GAN NHAT THAM 7845 ROBIN HOOD CT YC, YS, YZIP	6. Supplemental Annuity					
	7. Total Gross Paid		\$25,541.00			
	8. Repayments					
	9. Federal Income Tax Withheld		\$3,830.00			
					11 Country	12. Medicare Premium Total

Form **RRB-1099-R**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N. RUSH ST. CHICAGO, IL 60611-2092		<b>2021</b>	PAYMENTS BY THE RAILROAD RETIREMENT BOARD		
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 2021		\$9,380.00	COPY C -  FOR RECIPIENT'S RECORDS.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.	
1. Claim Number and Payee Code 235590	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2021				
2. Recipient's Identification Number 573-78-XXXX	5. Net Social Security Equivalent Benefit Portion of Tier 1 paid in 2021		\$9,380.00		
Recipient's Name, Address, City, State and ZIP Code  STEPHANI MARIA SWANSON 7845 ROBIN HOOD CT YC, YS, YZIP	6. Workers Compensation Offset in 2021				
	7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2020				
	8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2019				
	9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2019				
	10. Federal Income Tax Withheld				11. Medicare Premium \$1,782.00

Form **RRB-1099**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE <b>UNITED STATES RAILROAD RETIREMENT BOARD</b> 844 N. RUSH ST. CHICAGO, IL 60611-2092		<b>2021</b>	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD			
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	3. Employee Contributions			COPY B -  REPORT THIS INCOME ON YOUR FEDERAL TAX RETURN. IF THIS FORM SHOWS FEDERAL INCOME TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.		
1. Claim Number and Payee Code 235590	4. Contributory Amount Paid		\$8,685.00			
2. Recipient's Identification Number 573-78-XXXX	5. Vested Dual Benefit					
Recipient's Name, Address, City, State and ZIP Code  STEPHANI MARIA SWANSON 7845 ROBIN HOOD CT YC, YS, YZIP	6. Supplemental Annuity					
	7. Total Gross Paid		\$8,685.00			
	8. Repayments					
	9. Federal Income Tax Withheld		\$1,500.00			
					11 Country	12. Medicare Premium Total

Form **RRB-1099-R**

<input type="checkbox"/> CORRECTED (if checked)		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.  <b>HASTING INVESTMENTS</b> <b>45 ROCKHURST WAY</b> <b>PROVIDENCE RI 02904</b>		1 Gross distribution <div style="text-align: right;"><b>\$5,450.00</b></div>	<div style="font-size: 2em; font-weight: bold;">2021</div> <b>Form 1099-R</b>
		2a Taxable amount <div style="text-align: right;"><b>\$5,450.00</b></div>	
PAYER'S TIN <div style="text-align: center;">50-811XXXX</div>		2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>	
RECIPIENT'S TIN <div style="text-align: center;">508-00-XXXX</div>		3 Capital gain (included in box 2a).	4 Federal income tax withheld <div style="text-align: right;"><b>\$500.00</b></div>
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal <b>GAN NHAT THAM</b> <b>7845 ROBIN HOOD CT</b> <b>YC, YS, YZIP</b>		5 Employee contributions/ Designated Roth contributions or	6 Net unrealized appreciation in employer's securities
		7 Distribution Code(s) <div style="text-align: center;">7</div>	8 Other <div style="text-align: center;">%</div>
		9a Your percentage of total distribution <div style="text-align: center;">%</div>	9b Total Employee Contributions
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld <div style="text-align: right;"><b>\$95.00</b></div>
		13 State/Payer's state no. <div style="text-align: center;">YS47843XXXX</div>	14 State distribution <div style="text-align: right;"><b>\$5,450.00</b></div>
Account number (see instructions) <div style="text-align: center;">451009561</div>		Date of payment	15 Local tax withheld
			16 Name of locality
			17 Local distribution
Form <b>1099-R</b>			

**Copy B**  
**Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.**

This information is being furnished to the IRS

a. Employee's social security number <div style="text-align: center;">573-78-XXXX</div>		Save. accurate, FAST! Use  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
OMB No. 1545-0008			
b. Employer identification number (EIN) <div style="text-align: center;">93-453XXXX</div>		1. Wages, tips, other compensation <div style="text-align: right;"><b>\$9,450.00</b></div>	2. Federal income tax withheld <div style="text-align: right;"><b>\$900.00</b></div>
c. Employer's name, address, and ZIP code  <b>MARION COUNTY</b> <b>13 CAPITAL ST</b> <b>YC, YS, YZIP</b>		3. Social security wages <div style="text-align: right;"><b>\$9,450.00</b></div>	4. Social security tax withheld <div style="text-align: right;"><b>\$585.90</b></div>
		5. Medicare wages and tips <div style="text-align: right;"><b>\$9,450.00</b></div>	6. Medicare tax withheld <div style="text-align: right;"><b>\$137.02</b></div>
		7. Social security tips	8. Allocated tips
d. Control number <div style="text-align: center;">1677733009</div>		9.	10. Dependant care benefits
e. Employee's first name and initial Last name Employee's address and ZIP code  <b>STEPHANI MARIA SWANSON</b> <b>7845 ROBIN HOOD CT</b> <b>YC, YS, YZIP</b>		11. Nonqualified plans	12a. See instructions for box 12
		13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b.
		14. Other	12c.
			12d.
15. State <div style="text-align: center;">YS</div>	Employer's state ID number <div style="text-align: center;">75889XXXX</div>	16. State wages, tips, etc. <div style="text-align: right;"><b>\$9,450.00</b></div>	17. State income tax <div style="text-align: right;"><b>120.00</b></div>
		18. Local wages, tips, etc.	19. Local income tax
		20. Locality name	

Form **W-2 Wage and Tax Statement** 2021

**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**

This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0997		<b>2021</b> Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>US BANK NATIONAL ASSOCIATION 4801 FREDERICA ST OWENSBORO KY 42301</b>		1 Date of closing  <b>06/25/2021</b>	2 Gross proceeds  <b>\$ 325,600</b>		
FILER'S TIN <b>31-0841368</b>	TRANSFEROR'S TIN <b>508-00-XXXX</b>	3 Address (including city, state, and ZIP code) or legal description <b>14 SEA SHORE DR VIRGINIA BEACH VA 23456</b>			<b>Copy B For Transferor</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 item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name <b>GAN N THAM &amp; STEPHANI M SWANSON</b>		4 Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/>			
Street address (including apt. no.) <b>7845 ROBIN HOOD CT</b>		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code <b>YC, YS, YZIP</b>		6 Buyer's part of real estate tax  <b>\$ 795.00</b>			
Account number (see instructions) <b>237-0001267</b>		Form <b>1099-S</b> (keep for your records) <a href="http://www.irs.gov/Form1099S">www.irs.gov/Form1099S</a> Department of the Treasury - Internal Revenue Service			

During your interview, you learn the following: Gan and Stephani purchased this beach cottage in September 2006 for \$239,000 to use as a summer vacation home for themselves and their adult children and their families. They and their family would usually stay there for 3-6 weeks in the summer and various other short stays. They did not rent it.

They made several improvements to the cottage and provide you with the following summary (rounded to nearest dollar):

Roof and drywall repairs in February 2007 – \$950.00

Complete kitchen and bathroom renovation in the fall of 2007 – \$28,456.00

Added a deck in front of house in 2008 – \$6,596.00

Added a carport in 2012 - \$15,789.00

Painted exterior in March 2017 – \$3,600.00

County assessment for street light installation 2011 which improved neighborhood safety and enhanced property values – \$1,500.00

Their closing statement shows they paid \$5,692.23 in expenses for the sale.

Gan states that they made an estimated payment of \$6,000 on September 13 to cover any tax liability from the sale.

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
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- You will need:**
- Tax Information such as Forms W-2, 1099, 1088, 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 <b>Van</b>	M.I.	Last name <b>Vincent</b>	Daytime telephone number <b>704-555-3478</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>456 Overhill Rd</b>		Apt #	City <b>YOUR CITY</b>	State <b>YOUR STATE</b>
4. Your Date of Birth <b>2 Feb 1979</b>		5. Your job title <b>Asst manager</b>		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <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: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <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 type="checkbox"/> No				

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

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

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 **2010**

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

Widowed 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)					
Larry Vincent	20 Oct 2002	son	12	y	y	s	y	n					