

AZ Tax Training 2023

You are asked to complete the TY23 Federal & AZ tax return for Wyatt & Virginia Earp.

They completed the Intake Form and AZ Supplemental Intake Form, which identifies several unique items in AZ.

You interviewed Wyatt & Virginia using their intake forms and made the following notes.

Wyatt (3/19/1949) is a retired lawman living on Boot Hill in Tombstone, AZ. He is married to Virginia (2/2/1947) who is also retired. They are married and living together.

Shirley U. Jest (3/2/1920), Virginia's mother lived with them all year and they provide quality of life support to Shirley including bathing, cooking, and helping with eating. Shirley is disabled and has no income of her own.

Income (Part III):

Wyatt has provided his 1099-R from the Pima County Sheriff. You notice that the taxable amount in box 2a shows \$0 and the "Taxable amount not determined" box is checked. There is also an amount in box 9b. You know you will need to calculate the taxable amount of the pension, which began on 4/1/2015 and is a joint benefit pension.

Wyatt also provided his SSA-1099 pension. He had \$1,764 withheld for Medicare. Virginia has not applied for SSA benefits but does pay her Medicare premiums quarterly at \$441 each.

Virginia reported that she sold her investment in COLT INDUSTRIES on 12/1/2023 for \$6,000. She purchased the equities in December 2014 for \$4,150. The cost was not reported to the IRS.

Expenses (Part IV):

Wyatt and Virginia always take the standard deduction. Wyatt has a Long-Term Care insurance policy which costs \$5,200 annually.

Wyatt felt badly about shooting William (aka: Billy) Clanton, so he contributed \$1,200 to a 529 College Plan for Tim Clanton.

Together, the Earp's contributed \$850 to Love Tree Farm in Yuma. They provided a receipt showing the AZ qualifying charity code as 20763. Wyatt also donated his antique Buckboard wagon to the Salvation Army on December 1st. He estimated the value at \$125. He purchased it in December 1982 for \$2,000.

Wyatt has no additional taxes, nor did they make any estimated payments. Neither he nor Virginia have an Identity PIN.

Neither Wyatt nor Virginia have Marketplace insurance.

SOCIAL SECURITY

302-00-7644

THIS NUMBER HAS BEEN ESTABLISHED FOR

WYATT EARP

ADMINISTRATIVE

SIGNATURE

SOCIAL SECURITY

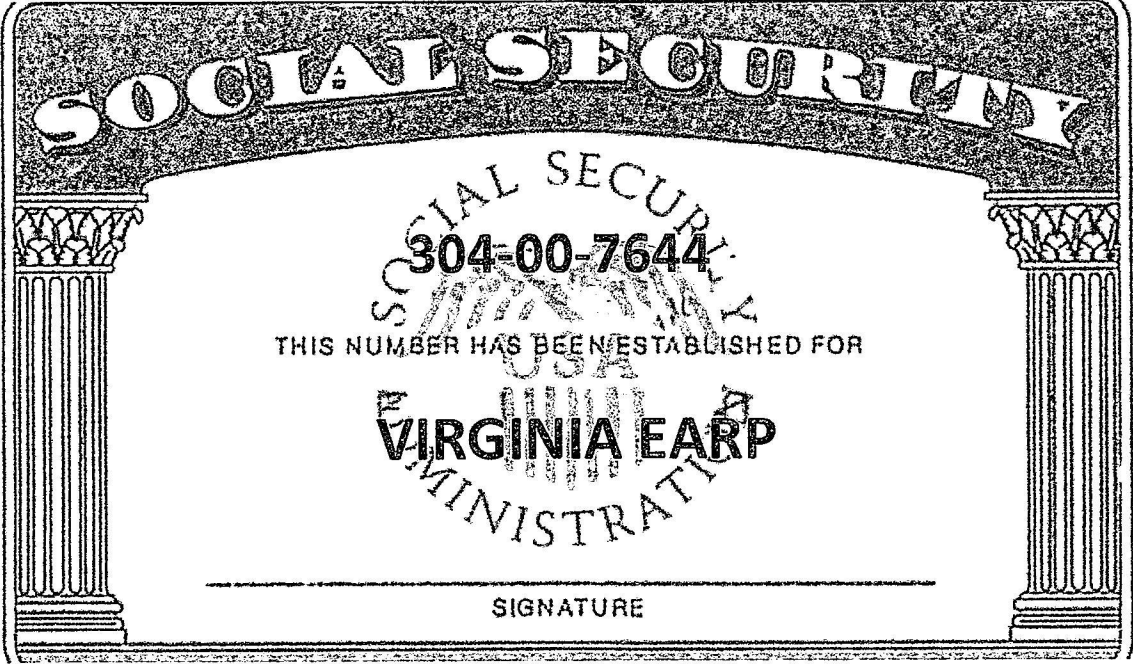
306-00-7644

THIS NUMBER HAS BEEN ESTABLISHED FOR

SHIRLEY U JEST

ADMINISTRATIVE

SIGNATURE



SOCIAL SECURITY

304-00-7644

THIS NUMBER HAS BEEN ESTABLISHED FOR

VIRGINIA EARP

SIGNATURE

Intake/Interview and Quality Review Sheet

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**

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 WYATT	M.I.	Last name EARP	Best contact number 520-312-1271	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name VIRGINIA	M.I.	Last name EARP	Best contact number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 3 BOOT HILL		Apt #	City TOMBSTONE	State AZ
3. Mailing address 3 BOOT HILL				ZIP code 85638
4. Your Date of Birth 3/19/1949	5. Your job title LAWMAN	6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth 2/02/1947	8. Your spouse's job title HOUSEWIFE	9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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				
11. Have you, 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				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2023, 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 2023? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2023? Yes No

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

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 12/31/23 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	To be completed by a Certified Volunteer Preparer				
									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 \$4,700 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)					
SHIRLEY U JEST	3/02/1920	PARENT	12	YES	YES	SINGLE	NO	YES					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input checked="" type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input checked="" type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

- 1. Would you like to receive written communications from the IRS in a language other than English? Yes No If yes, which language? _____
- 2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse
- 3. If you are due a refund, would you like: a. Direct deposit Yes No b. To purchase U.S. Savings Bonds Yes No c. To split your refund between different accounts Yes No
- 4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
- 5. Did you live in an area that was declared a Federal disaster area? Yes No If yes, where? _____
- 6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes No
- 7. Would you like information on how to vote and/or how to register to vote? Yes No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

- 8. Would you say you can carry on a conversation in English, both understanding & speaking? Very well Well Not well Not at all Prefer not to answer
- 9. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer
- 10. Do you or any member of your household have a disability? Yes No Prefer not to answer
- 11. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
- 12. Your race?
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
- 13. Your spouse's race?
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
 No spouse
- 14. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer
- 15. Your spouse's ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer No spouse

Additional comments

SEE INTERVIEW NOTES

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Optional Questions for AARP Foundation

16. How many people, including you, are part of your household? (Your household includes you and the number of other people financially supported by your annual household income.) (select one)

- 1 (yourself) 2 3 4 or more Prefer not to answer

17. Do you have a permanent disability or chronic condition that hinders or limits the amount of or kind of activities that you do?

- Yes No Prefer not to answer

18. Does your spouse have a permanent disability or chronic condition that hinders or limits the amount of or kind of activities that he/she does?

- Yes No Prefer not to answer

19. Did you save part of your refund last year?

- No refund last year Yes No Don't remember Prefer not to answer

20. Do you rent or own your home?

- Rent Own Neither Prefer not to answer

21. What is your gender identity? (select all that apply)

- Male Female Non-Binary Prefer to self-describe Prefer not to answer

22. What is your spouse's gender identity? (select all that apply)

- Male Female Non-Binary Prefer to self-describe Prefer not to answer

23. Do you identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

- Yes No Prefer not to answer

24. Does your spouse identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

- Yes No Prefer not to answer

Opportunity to Save Your Refund

Whether you want to save for an upcoming purchase, unexpected expenses, or things that are important to you, tax time provides a key opportunity to plan for your future financial security.

In past seasons Tax-Aide users have either deposited some of their refund into a savings account or purchased a \$50 savings bond. If you wish to start or continue saving your tax refund this year, let your Tax-Aide Counselor know.

**Consent to Disclose Tax Return Information to
VITA/TCE Tax Preparation Sites**

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2025.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024
Secondary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

Consent to Disclose/Use Information to AARP Foundation

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

I/We authorize the AARP Foundation as follows:

3 Years-Disclosure: Tax Preparer will disclose the Personal Information to the Software Developer through Software Developer's tax preparation program. The Software Developer will disclose the Personal Information to AARP Foundation.

3 Years-Purpose of the Disclosure/Use is for the Software Developer to make available the Taxpayer's Personal Information as entered in the tax return to AARP Foundation in order for it to provide reporting, support, administrative assistance, and program and research opportunities to the tax preparer.

Personal Information: The tax return information that will be disclosed includes—but is not limited to—demographic, financial and other personally identifiable information, about you, your tax return, your sources of income, and any other data that was input into the tax preparation software.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure/use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the disclosure/use to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Primary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024
Secondary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024 2/1/2024

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Consent for AARP Foundation to Use Select Tax Return Information

Federal Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

The AARP Foundation Tax-Aide program is one of several free programs or services that AARP Foundation provides to help older adults with low income secure the essentials, including good jobs, eligible benefits, refunds, and sustaining social connections. Some of these programs or services may be relevant to you. If you would like us to use your tax return information to help determine whether other free AARP Foundation programs or services might be available to you, to send you details about how to access these programs or services, and/or contact you to see if you are eligible and interested to participate in research-related activities, such as surveys or discussion groups, that inform our programs and services, please sign and date this consent for the use of your tax return information.

I/We authorize AARP Foundation as follows:

3 Years-Purpose: The purpose of the Use is for AARP Foundation to use your tax return information to determine whether to provide you additional information about other free AARP Foundation programs or services.

Personal Information: The tax return information that will be used includes your name, address, email, phone number, age, adjusted gross income, race, ethnicity, gender identity, sexual orientation, disability status, veteran status, household size, refund allocations, credits, property ownership, and schedules used.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the use to an earlier date, I/we will deny consent.

Primary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024
Secondary taxpayer printed name and signature NOT SIGNED	Date 2/1/2024

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Arizona Supplemental Tax Intake & Interview (Check all that apply).

Part I. Dependents – Did you or your spouse:

- Pay more than 25% AND at least \$800 of the cost to maintain a person 65 of age or older in an ARIZONA residential care facility? (Need not be a relative)
- Pay for more than \$800 for ARIZONA home health care or other medical costs for a person 65 of age or older? (Related or not)
- Have a stillborn child? Certificate Number required for this dependent addition

Part II. Qualifying Ancestors – Did you or your spouse:

Have an Ancestor (parent, grandparent, or great-grandparent) 65 year of age or older living in your principal residence for the entire tax year? If so,

- YES Did you pay for more than one-half the support and maintenance costs for this ancestor?
- YES Did this person require help with activities such as walking, bathing, dressing, eating, getting out of bed/chairs/cars, cooking, brushing teeth, etc.

Part III. Miscellaneous

- YES Are you and/or your spouse retired Federal or AZ government (state, city, local) employees?
- Did you or your spouse receive active-duty military or reservist pay during this tax year?
- Are you or your spouse a Native American and did you or your spouse live and work on a reservation, established for your tribe, for the entire year?
- YES Did you sell any investments for a gain this year which you acquired after 1/1/2012?
- Did you receive any non-Arizona Municipal interest this year?
- This year, did you report a Federal Capital Loss Carry Forward from a non-Arizona source while you a non-resident of Arizona?
- YES Did you make contributions to a 529 College Savings Plan this year?
- YES Did you pay Long Term Care insurance premiums this year and are not itemizing?

Part IV. Property Tax Credit

- Do you have an Individual Taxpayer Identification Number? (ITIN holders are not eligible for any ARIZONA credits)
- YES Were you an AZ resident(s) ALL year and 65 years of age or older OR on SSI Title 16?
- NO Was your Income below \$3,751 (living alone) or \$5,501 (more than one). **NOTE** 1099-SSA, RRB and disability benefits are not counted toward these income limits
- Did you pay property taxes or rent?
- If you do not live alone, do other members of your household have income?

Part IV. Tax Credits – Check all that apply:

Did you or your spouse make any CASH contributions or pay fees (excluding tuition) to an:

- YES AZ Qualified Charitable Organization or have a carryover from a prior year (Forms 301/321)
- AZ Public School or have a carryover from a prior year (Forms 301/322).
- AZ Private School Tuition Organization or have a carryover from a prior year (Forms 301/323).
- AZ Certified School Tuition Organization or have a carryover from a prior year (Forms 301/348).
- AZ Qualifying Foster Care Organization or have a carryover from a prior year (Forms 301/352).
- AZ Military Family Relief Fund or have a carryover from a prior year (Forms 301/340).
- Did you or your spouse pay income taxes to another state or country during this tax year?
If so, what State or Country? _____ (Forms 301/309)
- Were you sentenced to at least 60 days in a county, state or federal prison? If so, you are not eligible for the excise tax credit.

NOTE: Contributions made between Jan. 1 and Apr. 18, 2023 may be used for either TY2022 or TY2023.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PIMA COUNTY SHERIFF 1414 MAIN ST YUMA, AZ 85642			1 Gross distribution \$ 49,482.00 2a Taxable amount \$ 0.00	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined <input checked="" type="checkbox"/>			Total distribution <input type="checkbox"/>	Copy C For Recipient's Records	
PAYER'S TIN 73-1234567	RECIPIENT'S TIN 302-00-7644	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2250.00		This information is being furnished to the IRS.
RECIPIENT'S name WYATT EARP Street address (including apt. no.) 3 BOOT HILL City or town, state or province, country, and ZIP or foreign postal code TOMBSTONE, AZ 85638		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 2000.00	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	8 Other \$ % 9a Your percentage of total distribution % 9b Total employee contributions \$ 12,680.00		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 900.00	15 State/Payer's state no. AZ 731234567	16 State distribution \$ 49,482.00
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

FORM SSA-1099 — SOCIAL SECURITY BENEFIT STATEMENT

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

Box 1. Name WYATT EARP		Box 2. Beneficiary Social Security Number 302-00-7644	
Box 3. Benefits Paid in 2023 \$14,164.00	Box 4. Benefits Repaid to SSA in 2023 \$ 00.00	Box 5. Net Benefits for 2023 (box 3 minus box 4) \$14,164.00	
<p>DESCRIPTION OF AMOUNT IN BOX 3</p> <p>Paid by Check or Direct Deposit \$ 12,125.00</p> <p>Medicare Part B Premiums deducted \$ 1,764.00.</p> <p style="text-align: center;">Total Additions \$0.00</p> <p style="text-align: center;">Benefits for 2023 \$ 14,164.00</p>		<p>DESCRIPTION OF AMOUNT IN BOX 4</p> <p>Box 6. Voluntary Federal Income Tax Withheld \$275.00</p> <p>Box 7. Address 3 Boot Hill Tombstone, AZ 85638</p> <p>Box 8. Claim Number (use this number if you need to contact SSA)</p>	

DO NOT RETURN THIS FORM TO SSA or IRS



LOVE TREE FARMS – We teach organic farming

10120 S Avenue F
Yuma, AZ 85364

12/31/2023

Wyatt & Virginia Earp

Love Tree Farms Giving Record - 2023

No goods nor services were provided or promised in consideration for this charitable contribution. The full amount of your contribution is tax deductible to the full extent allowed by law.

\$850.00

AZ CODE 20763

If you have questions, please contact Darling Maple, Treasurer.

Love Tree Farms

G. Aspen, Accountant