

Timothy & Elizabeth Smith – INTERVIEW NOTES

Timothy & Elizabeth Smith provide government issued photo ID's and SS cards.

I entered their SSNs onto the Intake Booklet.

These are new taxpayers to our Tax-Aide site. Confirmed DOB from AZ Driver's License.

Timothy told me that no Identity PIN has been issued.

They have no dependents nor AZ ancestors living with them or that they support. They reviewed the AZ Supplemental Intake Form and indicated nothing applies to them, except the government pension.

Income:

Reviewed 1 W-2 for Timothy, Tim said all his tips are included on his W-2.

Reviewed 1 1099-R Pension distribution for Elizabeth (it was not for Uniformed Military). Her pension began on January 1, 2018, and is a joint survivor annuity.

Reviewed 1 1099-R IRA distribution from Vanguard – It was a QCD to the Institute for Better Education.

Tim told me they received Interest from Treasury Direct for \$500, but never received any forms.

Deductions:

Reviewed 4 Contribution notices as follows:

St. Mary's Food Bank \$1,200 on 12/22/2023.

Pinal County Unorg Schools \$400 on 12/1/2023.

Institute for Better Education (from Vanguard) \$10,000 on 12/20/2023.

St Jude Children's Hospital \$2,400 on 12/31/2023.

Elizabeth told me they contributed to their niece's 529 Plan for \$400.

Payments:

Tim showed me a cancelled check dated 9/12/2023 for \$300 for a Federal estimated payment.

Other:

They expect a refund and would like Direct Deposit. A blank check from Chase Bank 122100024 shows account #568425951.

I reviewed last year's return and saw a note that they had an AZ Tax Credit carryover for Form AZ322 with an original amount of \$200 and used \$50.

I confirmed their phone number in case I have questions. They will be shopping at the mall and will stop back later today. I updated the Site Log with that information.

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.vol@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 TIMOTHY	M.I. SMITH (452-00-7644)	Last name SMITH (452-00-7644)	Best contact number 520-555-5555	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name ELIZABETH	M.I.	Last name SMITH (456-00-7644)	Best contact number	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 123 FRUIT STREET		Apt #	City YOUR CITY	State AZ
4. Your Date of Birth 1/05/1956	5. Your job title MANAGER	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		
7. Your spouse's Date of Birth 2/28/1952	8. Your spouse's job title ENGINEER	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? Yes 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 Never Married Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

was your marital status?

a. If Yes, Did you get married in 2023? Yes No

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

Divorced Date of final decree _____

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

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 this taxpayer provide more than 50% of support for this person? (yes/no/n/a)	Did this taxpayer pay more than half the cost of maintaining a home for this person? (yes/no)											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)																
NONE																								

Check appropriate box for each question in each section

		Part III – Income – Last Year, Did You (or Your Spouse) Receive	
Yes	No	Unsure	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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.)

		Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay	
Yes	No	Unsure	
<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 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)

		Part V – Life Events – Last Year, Did You (or Your Spouse)	
Yes	No	Unsure	
<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 checked="" type="checkbox"/>	<input 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? FEDERAL \$300 ON 9/12/2023
<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

MADE ONE FEDERAL ESTIMATED TAX PAYMENT OF \$300 ON 9/12/2023
CHECKING ACCOUNT INFORMATION: CHASE BANK, N.A. 122100024, ACCOUNT 568425951
CONTRIBUTED \$400 TO AN AZ 529 PLAN FOR GLORIA STEVENS (NIECE)
RECEIVED \$400 US TREASURY BOND INTEREST THROUGH TREASURY DIRECT (NO FORM PROVIDED)
CONTRIBUTIONS: AZ TAX RETURN FOR TY2022 SHOWS A CARRYOVER FROM FORM 322 OF \$150. (ORIGINAL AMOUNT \$200, USED \$50)
INSTITUTE FOR BETTER EDUCATION AT 921 SWAN RD, TUCSON, AZ 85711 SHOWS \$10,000 CONTRIBUTION ON 12/20/2023 FROM VANGUARD IRA PLAN
1099-R IS NOT FROM UNIFORMED SERVICES EMPLOYMENT

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

		a Employee's social security number XXX-00-XXXX	OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 44-3333000			1 Wages, tips, other compensation \$60,000.00		2 Federal income tax withheld \$5,500.00					
c Employer's name, address, and ZIP code CHEERS BAR 999 W BOSTON AVE YOUR TOWN, AZ YOUR ZIP			3 Social security wages \$60,000.00		4 Social security tax withheld \$3,720.00					
			5 Medicare wages and tips \$60,000.00		6 Medicare tax withheld \$870.00					
			7 Social security tips		8 Allocated tips \$1,660.00					
d Control number			9		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12		
TIMOTHY SMITH						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
f Employee's address and ZIP code 123 FRUIT ST YOUR TOWN, AZ YOUR ZIP			14 Other		12c		12d			
15 State Employer's state ID number AZ 443333000		16 State wages, tips, etc. \$60,000.00		17 State income tax \$1200.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

CORRECTED (if checked)

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. OFFICE OF PERSONNEL MANAGEMENT PO BOX 45 BOYERS, PA 16017			1 Gross distribution	OMB No. 1545-0119		2023 Form 1099-R
			\$20,000.00			
			2a Taxable amount			
			\$0.00			
			2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S TIN		RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld		
52-6083699		456-00-7644	\$	\$2000.00		
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
ELIZABETH SMITH				\$		
Street address (including apt. no.)			7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
123 FRUIT STREET			7		\$ %	
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %		9b Total employee contributions	
YOUR TOWN, AZ YOUR ZIP					\$46,000.00	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.		16 State distribution
\$		<input type="checkbox"/>	\$			\$
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality		19 Local distribution
			\$			\$
			\$			\$

Form **1099-R**

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service



VANGUARD FIDUCIARY TRUST COMPANY
 VANGUARD BROKERAGE
 P.O. BOX 982901
 EL PASO, TX 79998-2901

ELIZABETH SMITH
 TRAD IRA VFTC AS CUSTODIAN
 123 FRUIT ST
 YOUR CITY, AZ YOUR ZIP CODE

2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		OMB No. 1545-0119
Copy C: For Recipient's Records This information is being furnished to the Internal Revenue Service.		Date: 01/07/2023 Account number: 18769354	Document ID: 2C9B 08G 5Z52	
RECIPIENT'S TIN: Recipient: INSTITUTE FOR BETTER EDUCATION TRAD IRA VFTC CUSTODIAN FOR ELIZABETH SMITH 123 FRUIT ST YOUR CITY, AZ YOUR ZIP	XXX-XX-7644	PAYER'S TIN: Phone number: Payer: VANGUARD FIDUCIARY TRUST COMPANY VANGUARD BROKERAGE P.O. BOX 982901 EL PASO, TX 79998-2901	23-2869268 (800) 662-2739	
1 Gross distribution	\$10,000.00	9a Your percentage of total distribution	%	
2a Taxable amount	\$10,000.00	9b Total employee contributions		
2b Taxable amount not determined	(X)	10 Amount allocable to IRR within 5 years.		
Total distribution	no	11 1st year of designated Roth contrib.		
3 Capital gain (included on line 2a)		12 FATCA filing requirement.		
4 Federal income tax withheld	\$0.00	13 Date of Payment		
5 Designated Roth Contribution		14 State tax withheld		
6 Premiums		15 State		
7 Net unrealized appreciation in employer's securities		Payer's state number		
8 Distribution code(s)	7	16 State distribution	\$10,000.00	
IRA/SEP/SIMPLE	(X)	17 Local tax withheld		
9 Other amount		18 Name of locality		
Other amount percentage	%	19 Local distribution		



2851 N 1st Ave
Phoenix, AZ 85008

12/31/2023

Elizabeth Smith

St. Mary's Food Bank 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.

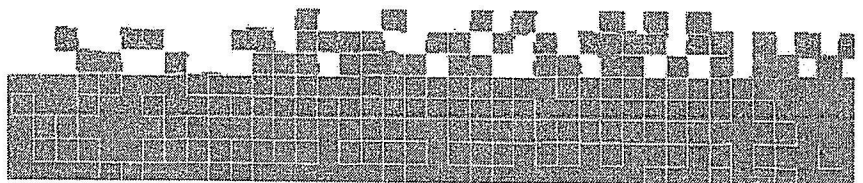
\$1,200 on 12/22/2023

If you have questions, please contact our Treasurer.

St. Mary's Food Bank

Accountant

AZ QCO Code: 20208



PINAL COUNTY UNORG SCHOOLS - ELEMENTARY

231 S 31st Pl
Tucson, AZ 86705

12/31/2023

Elizabeth Smith

Pinal County Unorg School District Contribution Record - 2023

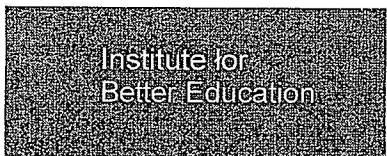
No goods nor services were provided or promised in consideration for this charitable contribution. The full amount of your contribution is tax deductible to the full extent allowed by law.

\$400 on 12/1/2023

CDTS Code: 110400001

If you have questions, please contact the Superintendent of Schools, Pinal County.

Accountant



921 N Swan Rd
Tucson, AZ 85711

12/31/2023

Elizabeth Smith

Institute for Better Education Contribution 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.

\$10,000.00 on 12/20/2023

If you have questions, please contact the Superintendent of Schools, Pinal County.

Accountant



262 Danny Thomas Pl
Memphis, TN 38105

12/31/2023

Elizabeth Smith

St. Jude Children's Hospital 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.

\$2,400 on 12/31/2023

If you have questions, please contact Victor Harris, Treasurer.

St. Jude Children's Hospital

Accountant