

Miller (A)

This exercise explores a working married couple, Greg and Sara, with:

- wages
- a military pension
- gambling winnings
- Greg’s high-deductible family health plan and his HSA account were for all 12 months
- (A) HSA contributions through Greg’s work¹⁰
- (A) Greg contributed \$4,000 directly to his HSA in January 2026¹⁰
- (A) HSA distributions which were all for qualified medical expenses¹⁰
- (A) itemized deductions

They received a \$357 state income tax refund last year. Total itemized deductions were \$38,525 the prior year. Their Schedule A state and local taxes (SALT) in the prior year were limited to \$10,000 as follows:


Taxes You Paid	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	2353	
	b State and local real estate taxes (see instructions)	5b	7950	
	c State and local personal property taxes	5c	710	
	d Add lines 5a through 5c	5d	11013	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10000	
	6 Other taxes. List type and amount: _____	6		
7 Add lines 5e and 6	7		10000	


Use zip code 60062 Northbrook, IL for the sales tax calculator.

This exercise uses the Itemized Deductions Worksheet <https://ta-nttc.tiny.us/Itemized-Deductions-WS>

Greg L. Miller SSN: 488-00-XXXX BDATE: 03/04/1969 Job Title: Welder
 Sara M. Miller SSN: 491-00-XXXX BDATE: 12/15/1967 Job Title: Marketing Rep
 ADDR: 525 Springfield Street, YC YS YZip Phone: 573-265-1267

¹⁰ Review Health Savings Accounts (HSAs) in NTTC 4012 for general information and tax forms (e.g., Forms 5498-SA, 1099-SA, 8889 and W-2, Box 12, code W for payroll contributions through an employer plan).

a. Employee's social security number 488-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
OMB No. 1545-0008							
b. Employer identification number (EIN) 43-726XXXX		1. Wages, tips, other compensation \$59,600.00		2. Federal income tax withheld \$5,525.00			
c. Employer's name, address, and ZIP code ACE WELDING 1000 INDUSTRIAL BLVD YC, YS YZIP		3. Social security wages \$64,700.00		4. Social security tax withheld \$4,011.40			
		5. Medicare wages and tips \$64,700.00		6. Medicare tax withheld \$938.15			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$5,100.00			
		13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. W \$1,200.00			
		14. Other		12c. DD \$6,380.00			
				12d.			
15. State YS	Employer's state ID number 435XXXXX	16. State wages, tips, etc. \$59,600.00	17. State income tax 1,200.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement 20XX</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>							

a. Employee's social security number 491-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
OMB No. 1545-0008							
b. Employer identification number (EIN) 52-187XXXX		1. Wages, tips, other compensation \$48,472.00		2. Federal income tax withheld \$4,405.00			
c. Employer's name, address, and ZIP code CREATIVE MARKETING LLC 1523 MAIN ST YC, YS YZIP		3. Social security wages \$53,319.00		4. Social security tax withheld \$3,305.78			
		5. Medicare wages and tips \$53,319.00		6. Medicare tax withheld \$773.13			
		7. Social security tips		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP		11. Nonqualified plans		12a. See instructions for box 12 D \$4,847.00			
		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 YS	Employer's state ID number 797XXXX	16. State wages, tips, etc. \$48,472.00	17. State income tax 725.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement 20XX</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>							

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIRED PAY 8899 E 56TH ST INDIANAPOLIS IN 46249-1200			1 Gross distribution \$11,785.00		OMB No. 1545-0119 20XX Form 1099-R	
			2a Taxable amount \$11,785.00			
						2b Taxable amount not determined. <input type="checkbox"/>
PAYER'S TIN 34-0727612		RECIPIENT'S TIN 491-00-XXXX		3 Capital gain (included in box 2a). 4 Federal income tax withheld \$1,179.00		
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
			7 Distribution Code(s) 7	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other _____ %	
			9a Your percentage of total distribution _____ %		9b Total Employee Contributions	
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		15 State/Payer's state no.	
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	16 State distribution 19 Local distribution	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service						

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LADY LUCK CASINO 777 CASINO WAY YC, YS YZIP			1. Reportable winnings \$8,565.00		2. Date won 07/15/20XX	
			3. Type of wager SLOT MACHINE		4. Federal income tax withheld \$2,055.60	
			5. Transaction		6. Race	
PAYER'S TIN 68-129XXXX		PAYER'S Telephone number 800-777-1600		7. Winnings from identical wagers		
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP			8. Cashier		9. WINNER'S TIN 488-00-XXXX	
			10. Window		11. First identification no.	
			12. Second identification no.		13. State/Payer's state identification no. YS 681XXXXX	
			14. State Winnings \$8,565.00		15. State income tax withheld \$428.25	
			16. Local Winnings		17. Local income tax withheld	
			18. Name of locality			
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.						
Signature: _____			Date: _____			
Form W-2G						

<input type="checkbox"/> CORRECTED (if checked)				
TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. OPTUM BANK PO BOX 30516 SALT LAKE CITY, UT 84130-0516		OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 20XX	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA	
PAYER'S TIN 47-0858534	RECIPIENT'S TIN 488-00-XXXX	1 Gross Distribution \$3,997.98		2 Earnings on excess cont.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP		3 Distribution Code 5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	4 FMV on date of death	Copy B For Recipient This information is being furnished to the IRS.
Account number (see instructions) 30200281789				
Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service				

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number OPTUM BANK PO BOX 30516 SALT LAKE CITY, UT 81430-0516		1 Employee's or self-employed person's Archer MSA contributions made in 2025 and 2026 for 2025 \$ 2 Total contributions made in 2025 \$ 1200	OMB No. 1545-1518 20XX Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information	
TRUSTEE'S TIN 47-0858534	PARTICIPANT'S TIN 488-00-XXXX	3 Total HSA or Archer MSA contributions made in 2026 for 2025 \$ 4000	Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099		
PARTICIPANT'S name GREG L. MILLER Street address (including apt. no.) 525 SPRINGFIELD ST City or town, state or province, country, and ZIP or foreign postal code YC, YS YZIP		4 Rollover contributions \$			5 Fair market value of HSA, Archer MSA, or MA MSA \$ 15,698.00
Account number (see instructions) 30200281789		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
Form 5498-SA Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service					

<input type="checkbox"/> CORRECTED (if checked)		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form 1098 (Rev. January, 2022) For calendar Year 20XX	Mortgage Interest Statement
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. USA MORTGAGE COMPANY 1000 MAIN ST YC, YS YZIP 800-899-1568		1. Mortgage interest received from payer(s)/borrower(s) * \$6,300.00		Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.	
RECIPIENT'S/LENDER'S TIN 98-197XXXX	PAYER'S/BORROWER'S TIN 488-00-XXXX	2. Outstanding mortgage principal \$135,000.00	3. Mortgage origination date 05/18/2001		
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code GREG AND SARA MILLER 525 SPRINGFIELD ST YC, YS YZIP		4. Refund of overpaid interest	5. Mortgage insurance premiums		
9. Number of properties securing the mortgage 1		10. Other REAL ESTATE TAXES \$6,150			
Account number (see instructions) 798521978		8. Address or description of property securing mortgage		11. Mortgage acquisition date	
Form 1098 (Rev. 1-2022) (keep for your records)		www.irs.gov/Form1098		Department of the Treasury - Internal Revenue Service	

2024 Itemized Deductions (Sch A) Worksheet (fillable)

I donated a vehicle worth more than \$500 I made more than \$5,000 of noncash donations
 I paid interest on borrowings for investments I repaid income (taxed in prior year) over \$3,000

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

If none is checked: enter your totals below for each ex
 Please ask if you are unsure or have any questions.

** Use zip code 60062 Northbrook IL
 for sales tax calculator

Your name: Greg and Sara Miller

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
Long-term care insurance - Greg	\$ 2000
Long-term care insurance - Sara	\$ 1700
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over the counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$ 14775
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
Salvation Army (clothes)	\$ 350
SGF Food Pantry (canned goods)	\$ 75
	\$
Charitable miles	714 mi.

STATE/LOCAL TAXES **	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$ 1,145
Real estate taxes (not service fees like garbage or sewer)	\$ Form 1098
Personal property (e.g. tax portion of car registration)	\$ 125
Other taxes paid (specify):	
Out of State Vacation home real estate taxes	\$ 875
INTEREST	
Home mortgage interest - on main home	\$ Form 1098
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$ Form 1098
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$
Year loan originated	Yr:
Other (specify):	
Credit card interest	\$ 350
OTHER:	
Gambling losses/expenses	\$ 14000
Investment expenses (for state)	\$
Other (specify):	
	\$