

# 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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 [ts.voltax@irs.gov](mailto:ts.voltax@irs.gov)**

Your first name <b>Obi-wan</b>	M.I.	Last name <b>Kenobi</b>	Your date of birth <b>10/17/1951</b>	Your job title <b>retired</b>
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address <b>123 Star Lane</b>	Apt #	City <b>Tonalea</b>	State <b>AZ</b>	ZIP code <b>86044</b>
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Your telephone number <b>602-555-1212</b>	Spouse's telephone number	Email address (optional) <b>jedi@gmail.com</b>	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Can anyone else claim you or your spouse on their tax return**

Yes  No

**Check if you or your spouse were in 2025:**

A U.S. citizen	<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
				Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No

**If due a refund, how would you like your refund**

Direct deposit  Check by mail  
 Split refund between accounts  Other \_\_\_\_\_

**If you have a balance due, how would you like to make your payment**

Bank account  IRS.gov Direct Pay  
 Set up installment agreement  Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English  You  Spouse  No

What language \_\_\_\_\_

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund  You  Spouse  No

**As of December 31, 2025, what was your marital status**

**Never Married**  **Married** If married, were you married on the last day of the year  Yes  No  
 Did you and your spouse live apart all of the last 6 months of the year  Yes  No

**Divorced**  **Legally Separated but not Divorced**  **Widowed**  
 Date of final decree \_\_\_\_\_ Date of separate maintenance decree \_\_\_\_\_ Year of spouse's death \_\_\_\_\_

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Answer Yes or No (Y/N)

To be completed by certified volunteer (Yes, No, or N/A)

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	To be completed by certified volunteer (Yes, No, or N/A)				
										Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

**Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**

Received money from any of the following in 2024:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input checked="" type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input checked="" type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)	
<input type="checkbox"/> Income from renting personal property such as a vehicle	<input type="checkbox"/> Rental expense \$ _____	
<input checked="" type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

**Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN Adjustment to income \$ _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony payments (do not include child support)		
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)	
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN # _____	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year	
	Year disallowed      Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____	
<input type="checkbox"/> Brought last year's return	<input type="checkbox"/> Last year's return available	

**Optional Information**

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	<input checked="" type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input checked="" type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? Select all that apply			6. What is your spouse's race and/or ethnicity? Select all that apply		
<input type="checkbox"/> <b>American Indian or Alaska Native</b> (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)			<input type="checkbox"/> <b>American Indian or Alaska Native</b> (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)		
<input type="checkbox"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			<input type="checkbox"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)		
<input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			<input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)		
<input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			<input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)		
<input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			<input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)		
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)		
<input checked="" type="checkbox"/> <b>White</b> (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			<input type="checkbox"/> <b>White</b> (for example, English, German, Irish, Italian, Polish, Scottish, etc.)		

**Privacy Act and Paperwork Reduction Act Notice**

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

## Additional Notes/Comments

Obi-wan Kenobi is a retired Jedi Knight.

Obi-wan spends a lot of his retirement gambling at his favorite casino. He hopes to get a refund and, if he does, he would like it direct deposited into his Chase Checking Account with Routing #122100024 and Account #68425831.

Obi-wan was insured through Medicare for the full year.

Obi-wan started taking his retirement pension on 01/01/2009.

Department of the Treasury - Internal Revenue Service  
**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, 2026.

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, 2026). 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 <i>Obi-wan Kenobi</i>	Date <i>02/01/26</i>
Secondary taxpayer printed name and signature	Date

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>).



PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Paradise Financial Credit Union 800 N. Star Lane Tonalea , AZ 86044		Payer's RTN (optional)		OMB No. 1545-0112		<b>Interest Income</b>
		1 Interest income		Form <b>1099-INT</b> (Rev. January 2024)		
		\$ 1,000.00		For calendar year <u>2025</u>		
		2 Early withdrawal penalty				<b>Copy 1</b>  <b>For State Tax Department</b>
		\$				
PAYER'S TIN	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Treasury obligations				
44-xxxxxx	444-00-4567	\$				
RECIPIENT'S name  Obi-wan Kenobi  Street address (including apt. no.)  123 Star Lane  City or town, state or province, country, and ZIP or foreign postal code  Tonalea, AZ 86044		4 Federal income tax withheld		5 Investment expenses		
		\$		\$		
		6 Foreign tax paid		7 Foreign country or U.S. territory		
		\$				
		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$		\$		
		10 Market discount		11 Bond premium		
		\$		\$		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$		\$		
		FATCA filing requirement <input type="checkbox"/>				
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld
						\$
						\$

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2025**

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

Box 1. Name <p style="text-align: center; font-size: 1.2em;">Obi-wan Kenobi</p>		Box 2. Beneficiary's Social Security Number <p style="text-align: center; font-size: 1.2em;">444-00-4567</p>
Box 3. Benefits Paid in 2016 <p style="text-align: center; font-size: 1.2em;">\$30,000.00</p>	Box 4. Benefits Repaid to SSA in 2016	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) <p style="text-align: center; font-size: 1.2em;">\$30,000.00</p>

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
<p>Paid by check or direct deposit <span style="font-size: 1.2em; margin-left: 40px;">\$27,903.60</span></p> <p>Medicare Part B premiums deducted From your benefits <span style="font-size: 1.2em; margin-left: 40px;">\$2,096.40</span></p> <p>Medicare Prescription Drug (Part D) Premiums deducted from your benefits <span style="font-size: 1.2em; margin-left: 40px;">\$0.00</span></p> <p>Total additions <span style="float: right; font-size: 1.2em;">\$30,000.00</span></p> <p>Benefits for 2025 <span style="float: right; font-size: 1.2em;">\$30,000.00</span></p>	<p>Box 6. Voluntary Federal Income Tax Withheld  <span style="font-size: 1.2em; text-align: center;">\$444.00</span></p> <p>Box 7. Address  <p style="text-align: center; font-size: 1.1em;">Obi-wan Kenobi 123 Star Lane Tonalea, AZ. 86044</p></p> <p>Box 8. Claim Number (Use this number if you need to contact SSA.)  <span style="font-size: 1.2em; text-align: center;">444-xx-xxxxA</span></p>

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Arizona State Retirement System PO Box 33910 Phoenix, AZ 85607-3910 1-800-621-3778		<b>1</b> Gross distribution \$ 20,000.00		OMB No. 1545-0119  <b>2025</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		<b>2a</b> Taxable amount \$					
		<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 1</b>  <b>For State, City, or Local Tax Department</b>	
<b>PAYER'S TIN</b>  86-0250939		<b>RECIPIENT'S TIN</b>  444-00-4567		<b>3</b> Capital gain (included in box 2a) \$			<b>4</b> Federal income tax withheld \$ 600.00
<b>RECIPIENT'S name</b>  Obi-wan Kenobi  Street address (including apt. no.)  123 Star Lane  City or town, state or province, country, and ZIP or foreign postal code Tonalea, AZ 86044		<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$			
		<b>7</b> Distribution code(s) 7		<b>8</b> Other \$ %			
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$ 200,000.00			
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> FATCA filing requirement <input type="checkbox"/>	<b>14</b> State tax withheld \$ 65.00		<b>15</b> State/Payer's state no. AZ86-0250939	<b>16</b> State distribution \$
Account number (see instructions)		<b>13</b> Date of payment	<b>17</b> Local tax withheld \$		<b>18</b> Name of locality		<b>19</b> Local distribution \$
			\$		\$		\$

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OMB No. 1545-0038

**Form W-2G  
Certain  
Gambling  
Winnings**

(Rev. December 2023)

For calendar year  
20 25For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
current **General  
Instructions for  
Certain Information  
Returns.****File with Form 1095****Copy A  
For Internal Revenue  
Service Center**

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  Twin Arrows Navajo Casino 22181 Resort Blvd. Flagstaff, AZ 86004		1 Reportable winnings \$ 10,000.00	2 Date won 12/31/2025
		3 Type of wager slots	4 Federal income tax withheld \$ 1,000.00
		5 Transaction 987654321	6 Race Tatooine
		7 Winnings from identical wagers \$	8 Cashier Kylo Ren
PAYER'S TIN 44-9876543	PAYER'S telephone no. 928-856-7200	9 WINNER'S TIN 444-00-4567	10 Window C3P0
WINNER'S name Obi-wan Kenobi		11 First identification no. AZ ID# 444	12 Second identification no. Polis Massa #1
Street address (including apt. no.) 123 Star Lane		13 State/Payer's state identification no. AZ/449876543	14 State winnings \$ 10,000.00
City or town, state or province, country, and ZIP or foreign postal code Tonalea, AZ. 86044		15 State income tax withheld \$ 100.00	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature:		Date:	