

Edwin & Sandra Smith – INTERVIEW NOTES_TY25

Edwin and Sandra Smith provide government issued photo ID's and SS cards with their completed Intake Form. They always contribute to several AZ Tax Credit qualifying charities and schools.

Neither Edwin nor Sandra has an ID PIN for 2025.

The Smith's reviewed the AZ Supplemental Intake Form and indicated nothing applies to them, except the AZ Tax Credits, for which they provided receipts.

Income:

Edwin provided a W-2 from Sonic. You notice it shows \$675 in tip income.

Edwin provided a 1099-R IRA distribution from Vanguard. (INSTRUCTOR: Is this a QCD?)

Sandra provided a 1099-R pension distribution from ASRS

Sandra provided her SSA-1099.

Deductions:

The Smiths provided 4 receipts for contributions made in 2025:

St. Mary's Food Bank \$900 on 12/20/2025.

Peoria Unified School District \$400 on 12/1/2025.

School Choice Arizona, Inc. \$2,700 on 11/30/2025.

St Jude Children's Hospital \$2,000 on 10/30/2025.

They had no contributions carryover from previous years. They made no contributions during the tax filing season in either TY24 or TY25.

Payments:

The Smith's made one Federal estimated payment on 9/15/2025 for \$4,000.

Other:

If they get a refund and would like Direct Deposit. Their blank check from Chase Bank 122100024 shows account #568425951, otherwise they will mail a check.

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

Your first name EDWIN	M.I.	Last name SMITH	Your date of birth 11/12/1950	Your job title MANAGER	
Spouse's first name SANDRA	M.I.	Last name SMITH	Spouse's date of birth 10/14/1952	Spouse's job title RETIRED	
Mailing address 123 CIRCLE CT		Apt #	City PHOENIX	State AZ	ZIP code 85005
Your telephone number 602-555-1212	Spouse's telephone number		Email address (optional)	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 checked="" 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				If you have a balance due, how would you like to make your payment			
<input checked="" type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay		
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____			<input type="checkbox"/> Set up installment agreement	<input checked="" type="checkbox"/> Mail payment to IRS		

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

What language _____ Yes Spouse No

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

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

<input type="checkbox"/> Never Married	<input checked="" type="checkbox"/> Married	If married, were you married on the last day of the year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Did you and your spouse live apart all of the last 6 months of the year	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> 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	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 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input checked="" 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 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"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input 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 checked="" 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	
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"/> Disaster relief impacts return	
<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? <u>Select all that apply</u>			6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>		
<input type="checkbox"/> American Indian or Alaska Native (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"/> American Indian or Alaska Native (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 checked="" type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)		
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			<input checked="" type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)		
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)		
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)		
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)		
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			<input type="checkbox"/> White (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.

a. Employee's social security number
482-00-7644

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www.irs.gov/efile

OMB No. 1545-0008

b. Employer identification number (EIN) 83-4001234		1. Wages, tips, other compensation \$58,500.00		2. Federal income tax withheld \$4,700.00		
c. Employer's name, address, and ZIP code SONIC LTD 8645 CREAMY DR SCOTTSDALE, AZ 85257		3. Social security wages \$60,500.00		4. Social security tax withheld \$3,751.00		
		5. Medicare wages and tips \$60,500.00		6. Medicare tax withheld \$877.25		
		7. Social security tips \$475.00		8. Allocated tips \$200.00		
d. Control number		9.		10. Dependant care benefits		
e. Employee's first name and initial Last name Employee's address and ZIP code EDWIN SMITH 123 CIRCLE CT PHOENIX, AZ 85005		S 11. Nonqualified plans		12a. See instructions for box 12 DD \$2,000.00		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b.		
		14. Other		12c.		
				12d.		
15. State AZ	Employer's state ID number 834001234	16. State wages, tips, etc. \$58,500.00	17. State income tax .00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

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

2025

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.

ARIZONA STATE RETIREMENT SYSTEM
PO BOX 33910
PHOENIX, AZ 85067-3910

1 Gross distribution
\$52,560.00

2a Taxable amount
\$52,560.00

OMB No. 1545-0119

2025

Form **1099-R**

Distributions I
Pensions, Annui
Retireme
Profit-Sharing Pl
IRAs, Insur
Contracts,

2b Taxable amount not determined.

Total Distribution

PAYER'S TIN
86-0250939

RECIPIENT'S TIN
636-00-7644

3 Capital gain (included in box 2a).

4 Federal income tax withheld
\$3,000.00

RECIPIENT'S name
Street address (including apt.no.)
City or town, state or province, country, ZIP or foreign postal code

SANDRA SMITH
123 CIRCLE CT
PHOENIX, AZ 85005

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

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

14 State tax withheld
\$.00

15 State/Payer's state no.
AZ/860250939

16 State distribution
\$52,560

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 S

Co
Report
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box 4, at
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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no. VANGUARD FIDUCIARY TRUST PO BOX 982901 EL PASO, TX 79998			1 Gross distribution \$32,000.00		OMB No. 1545-0119 2025 Form 1099-R	Distributions I Pensions, Annu Retireme Profit-Sharing Pl IRAs, Insur Contracts, Co Report income on federa return. If form st federal in tax withh box 4, at this cop your rel This informat being furnishe the	
			2a Taxable amount \$32,000.00				
PAYER'S TIN 23-2869268		RECIPIENT'S TIN 482-00-7644		2b Taxable amount not determined. <input checked="" type="checkbox"/> Total Distribution <input type="checkbox"/>			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code EDWIN SMITH 123 CIRCLE CT PHOENIX, AZ 85005			3 Capital gain (included in box 2a).		4 Federal income tax withheld \$500.00		
			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 checked="" 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.		16 State distributor \$32,000
Account number (see instructions)		13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distributor

Form **1099-R**

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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
SANDRA SMITH

Box 2. Beneficiary's Social Security Number
636-00-7644

Box 3. Benefits Paid in 2025
\$27,496.00

Box 4. Benefits Repaid to SSA in 2025

Box 5. Net Benefits Paid for 2025 (Box 3 minus Box 4)
\$27,496.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	\$17,176.00
Medicare Part B premiums deducted from your benefits	\$2,220.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$200.00
Total Additions	\$10,320.00
Benefits for 2025	\$27,496.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld
\$7,900.00

Benefits for 2024
Benefits for 2023
Benefits for 2022

Box 7. Address
SANDRA SMITH
123 CIRCLE CT
PHOENIX, AZ 85005

Box 8. Claim Number (use this number if you need to contact SSA)
636-00-7644A

AZ Tax Credit Categories and Limits

Form #	Form Title	Contribution Limits TY26	
		S, HoH, MFS	MFJ
321	Qualified Charitable Organization (QCO)	\$495	\$987
322	Contributions or Fees to Public Schools	\$200	\$400
323	Private School Tuition Organization (STO)	\$769	\$1,535
348	Certified School Tuition Organization	\$766	\$1,527
352	Qualified Foster Care Organization (QFCO)	\$618	\$1,234
340	Military Family Relief Fund	\$200	\$400

Do not enter more than the contribution limits (shown above) except for Form 323 & Form 348. Contributions more than the above limits are entered as Federal Schedule A Charitable Donations. Refer to the Cactus Guide for more information.



2831 N 31st Ave
Phoenix, AZ 85009

12/31/2025

Sandra Smith

St. Mary's Food Bank Giving Record -2025

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.

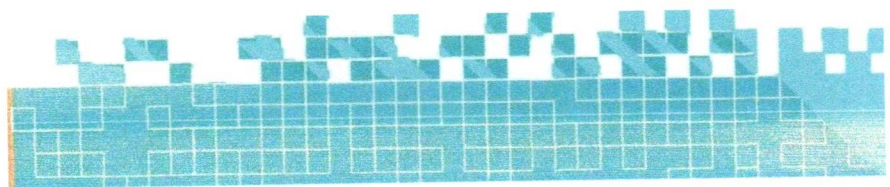
\$900 on 12/20/2025

If you have questions, please contact our Treasurer.

St. Mary's Food Bank

Accountant

AZ QCO Code: 20208



PEORIA UNIFIED SCHOOL DISTRICT

Centennial High School

12/31/2025

Edwin Smith

Peoria Unified School District - 2025

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 12/1/2025

CDTS Code: 070211263

If you have questions, please contact the Peoria Unified Superintendent of Schools.

Accountant



2241 E Pecos Road, Suite 3
Chandler, AZ 85225

12/31/2025

Sandra Smith

School Choice Arizona, Inc. Contribution Record - 2025

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.

\$2,700 received on 11/30/2025

If you have questions, please contact our office at (480) 722-7502

Accountant

[School Choice Arizona.org](http://SchoolChoiceArizona.org)



262 Danny Thomas Pl
Memphis, TN 38105

12/31/2025

Edwin Smith

St. Jude Children's Hospital Giving Record -2025

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.

\$2,000 on 10/30/2025

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

St. Jude Children's Hospital

Accountant

OPTIONAL

ARIZONA TAX CREDITS CARRYOVER WORKSHEET

Name: Ed + Sandra Smith Tax Year: 2025 Usable TY26 Credits _____

PREPARERS: Enclose this form in the taxpayer's envelope to track tax credit carryovers for future years.

- * Total Credits used in a tax year cannot exceed the tax liability but can be claimed for up to five years.
- * Note: without other entries, TSO uses carryover credits claimed in numerical form order - 321, 322, 323, 348, 352. (If the Taxpayer chooses a different form order, careful records must be kept to track those credits.)
- * Enter: columns (b) and (c) amounts on the TSO Available Credit Carryover page of the matching TY25 form. (When filling out next year's carryover form, numbers in column f will become next year's column d.)

FORM	(a) Original Tax Year	(b) Original Credit Amount	(c) Previously Used Credits	(d) Available Credits (b - c = d)	(e) Amount Used in TY25	(f) Carryover Avail TY26 (d - e = f)	(g) Excess: entered on Fed Sched A
Form 321: Qualifying Charitable Organizations or QCOs TY25 Limits: \$495 – S, HOH \$987 -- MFJ	2020						
	2021						
	2022						
	2023	900	ϕ	900			
	2024						
	2025						
	Totals						
Form 322: Contributions Made or Fees Paid to Public Schools TY25 Limits: \$200 – S, HOH \$400 -- MFJ	2020						
	2021						
	2022						
	2023						
	2024						
	2025						
	Totals						
Form 323: (STO) Private School Tuition Organizations TY25 Limits: \$769 – S, HOH (\$1,535 comb.) \$1535 -- MFJ (\$3,062 comb.)	2020						
	2021						
	2022						
	2023						
	2024						
	2025						
	Totals						
Form 348: Certified School Tuition Organizations TY25 Limits: \$766 -- S, HOH (\$1,535 comb.) \$1,527 -- MFJ (\$3,062 comb.)	2020						
	2021						
	2022						
	2023						
	2024						
	2025						
	Totals						
Form 352: Qualified Foster Care Organizations (QFCO) TY25 Limits: \$618 -- S, HOH \$1,527 -- MFJ	2020						
	2021						
	2022						
	2023						
	2024						
	2025						
	Totals						