

**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<br><b>Ray</b> | M.I.<br><b>A.</b> | Last name<br><b>Skywalker</b> | Your date of birth<br><b>09/02/1985</b> | Your job title<br><b>Manager</b> |
| Spouse's first name           | M.I.              | Last name                     | Spouse's date of birth                  | Spouse's job title               |

|  |       |                       |                    |                          |
|--|-------|-----------------------|--------------------|--------------------------|
| Mailing address<br><b>6003 W. Dobbins Road</b> | Apt # | City<br><b>Laveen</b> | State<br><b>AZ</b> | ZIP code<br><b>85339</b> |
|--|-------|-----------------------|--------------------|--------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| Your telephone number<br><b>602-555-1212</b> | Spouse's telephone number | Email address (optional)<br><b>skywalker@gmail.com</b> | Did you live or work in two or more states in 2025<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---------------------------|--|---|

**Can anyone else claim you or your spouse on their tax return**  Yes  No

|  |   |                                 |  |   |                              |                                 |  |
|--|---|---------------------------------|--|---|------------------------------|---------------------------------|--|
| <b>Check if you or your spouse were in 2025:</b> |   |                                 |  | Legally blind                             | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | <input checked="" type="checkbox"/> No |
| A U.S. citizen                                   | <input checked="" type="checkbox"/> You | <input type="checkbox"/> Spouse | <input type="checkbox"/> No            | Totally and permanently disabled          | <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 | Issued an identity protection PIN (IPPIN) | <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 | Owners or holders of any digital assets   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | <input checked="" type="checkbox"/> No |

|  |   |  |  |   |   |  |  |
|--|---|--|--|---|---|--|--|
| <b>If due a refund, how would you like your refund</b> |   |  |  | <b>If you have a balance due, how would you like to make your payment</b> |   |  |  |
| <input type="checkbox"/> Direct deposit                | <input checked="" 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 \_\_\_\_\_

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

**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 | 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 checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee<br>How many jobs <u>  1  </u>   | <input type="checkbox"/> (B) W-2s   | # _____ |                |
| <input type="checkbox"/> (B/A) Tips  | <input type="checkbox"/> (B/A) Tips (Basic when reported on W2)   |         |                |
| <input 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 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<br>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) # _____<br><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<br>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 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<br>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.**

| <b>Paid any of the following expenses to itemize in 2025?</b>   | <b>(To be completed by certified volunteer) Standard or Itemized Deductions</b>   | <b>Notes/Comments</b> |
|---|---|-----------------------|
| <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  |   |                       |
| <b>Paid any of these expenses in 2025?</b>  | <b>(To be completed by certified volunteer) Expenses to report</b>  | <b>Notes/Comments</b> |
| <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 \$ _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                       |
| <b>Did any of the following happen during 2025?</b>   | <b>(To be completed by certified volunteer) Information to report</b>   | <b>Notes/Comments</b> |
| <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<br><input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.)<br><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<br><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<br>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 _____<br><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"/> <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

Client has receipts for charitable contributions:

|                   |       |            |
|-------------------|-------|------------|
| St. Peters Church | \$500 | 12/31/2025 |
| Smile Train       | \$500 | 06/01/2025 |

Client has receipt letters for AZ Tax Credits.

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<br><i>Rae Skywalker</i> | Date<br><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>).



|   |   |  |  |                                 |  |                     |                         |
|---|---|--|--|---------------------------------|--|---------------------|-------------------------|
| 22222   |   | a Employee's social security number<br>X4X-00-XXXX |  | OMB No. 1545-0029               |  |                     |                         |
| b Employer identification number (EIN)<br>73-1371046  |   |  | 1 Wages, tips, other compensation<br>\$52,000.00 |                                 | 2 Federal income tax withheld<br>\$4,600.00  |                     |                         |
| c Employer's name, address, and ZIP code<br>Sonic Corp.<br>300 Johnny Bench Drive<br>Oklahoma City, OK. 73104 |   |  | 3 Social security wages<br>\$52,000.00           |                                 | 4 Social security tax withheld<br>\$3,224.00   |                     |                         |
|   |   |  | 5 Medicare wages and tips<br>\$52,000.00         |                                 | 6 Medicare tax withheld<br>\$754.00  |                     |                         |
|   |   |  | 7 Social security tips                           |                                 | 8 Allocated tips   |                     |                         |
| d Control number  |   |  | 9  |                                 | 10 Dependent care benefits   |                     |                         |
| e Employee's first name and initial   |   | Last name  |  | Suff.                           | 11 Nonqualified plans  |                     | 12a<br>C<br>o<br>d<br>e |
| Rae Skywalker<br>5003 W. Dobbins Road<br>Laveen, AZ. 85339  |   | f Employee's address and ZIP code                  |  |                                 | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 12b<br>C<br>o<br>d<br>e |
|   |   |  |  |                                 | 14 Other   |                     | 12c<br>C<br>o<br>d<br>e |
|   |   |  |  |                                 |  |                     | 12d<br>C<br>o<br>d<br>e |
| 15 State  | Employer's state ID number<br>AZ/73-1371046 |  | 16 State wages, tips, etc.<br>\$52,000.00        | 17 State income tax<br>\$520.00 | 18 Local wages, tips, etc.   | 19 Local income tax | 20 Locality name        |

SKY VIEW ELEMENTARY SCHOOL  
Peoria Unified School District  
6330 W. Thunderbird Road  
Glendale, AZ 85306  
623-486-6000

September 2, 2025

Rae Skywalker  
6003 W. Dobbins Rd.  
Laveen, AZ 85339

Dear Rae,

Thank you so much for your very kind contribution of \$200 on August 15, 2025. It will be used to help provide for the greatest need in our extracurricular activities.

Sincerely yours,  
Velma Semper

A NEW LEAF  
868 E. University Drive  
Mesa, AZ 85208

October 12, 2025

Rae Skywalker  
6003 W. Dobbins Rd.  
Laveen, AZ 85339

Dear Rae,

Thank you so much for your very kind contribution of \$400 on October 2, 2025. It will be used to help provide services for homeless people.

Sincerely yours,  
Urna Semper