

Kenneth and Martha Kanter

Advanced

- Kenneth and Martha are married and would like to file a joint return.
- Kenneth retired in 2021 and started to receive his pension November 1st of that year. He explains that this is a joint and survivor annuity. He has already recovered \$1,300 of the cost of the plan.

HINT: This requires you to calculate the taxable amount of the distribution using the simplified method. Refer to page D-46 in Publication 4012

- Kenneth also has a brokerage statement (enter 1099 INT and 1099 DIV in their income section and then go into Capital Gains section to enter the stock transactions) Publication 4012: D-32
- If they are due a refund, they want it sent in the mail by paper check.

<p align="center">Driver's License (Tax Training Only)</p> <p>License No. 20211214215850 Name and Address</p> <p>Kenneth Kanter 424 Bridge Street Chester, VA 23831</p> <p>DOB: 11/14/1955 Issue Date: 11/1/2022</p> <p align="right">Expiration Date 09/15/2026</p>	<p align="center">Driver's License (Tax Training Only)</p> <p>License No. 20211214215829 Name and Address</p> <p>Martha Kanter 424 Bridge Street Chester, VA 23831</p> <p>DOB: 11/2/1952 Issue Date: 11/5/2022</p> <p align="right">Expiration Date 09/30/2026</p>
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<p>social Security</p> <p>455-00-7532</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p>Kenneth Kanter</p> <p>For Tax Training Purposes Only</p>	<p>social Security</p> <p>456-00-9512</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p>Martha Kanter</p> <p>For Tax Training Purposes Only</p>
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VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. General Riverside 123 Waters Edge Road New York, New York 10001		1 Gross distribution \$ 18,000	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 55-3456789		2a Taxable amount \$		
RECIPIENT'S TIN 455-00-7532		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name Kenneth Kanter		3 Capital gain (included in box 2a) \$		
Street address (including apt. no.) 424 Bridge Street		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
City or town, state or province, country, and ZIP or foreign postal code Chester, VA 23831		7 Distribution code(s) 7	8 Other \$ _____ %	9a Your percentage of total distribution _____ % 9b Total employee contributions \$ 13,000
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 \$ 200.00	
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality
16 State distribution \$		19 Local distribution \$		\$

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023	• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name Martha Kanter	Box 2. Beneficiary's Social Security Number 456-00-9512	
Box 3: Benefits Paid in 2023 \$21,643	Box 4. Benefits Repaid to SSA in	Box 5: Net Benefits for 2023 (Box 3 minus 4) \$21,643
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$19664. Medicare Part B premiums deducted from your benefits \$1,979 Total additions: Benefits for 2023: \$21,643		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withheld \$1,374
		Box 7. Address Martha Kanter 424 Bridge Street Chester, VA 23831
		Box 8. Claim Number <i>(Use this number if you need to contact SSA.)</i>

DO NOT RETURN THIS FORM TO SSA OR IRS

Kenneth Kanter
424 Bridge Street
Chester, VA 23831

2023 Tax Information Summary

Charles Schwab & Co. Inc
211 Main Street
San Francisco, CA 94105

Federal ID Number: 94-1737782

Form 1099-DIV Dividends and Distributions Copy B for Recipient (OMB NO. 1545-0110)			Form 1099-INT Interest Income Copy B for Recipient (OMB NO 1545-0112)		
Box		Amount	Box		Amount
1a	Total Ordinary Dividends	462.47	1	Interest Income	253.89
1b	Qualified Dividends	247.12	4	Federal Income Tax Withheld	0.00
2a	Total Capital Gains Distribution (Includes 2b-2d).....	71.87	8	Tax-exempt Interest	59.56
3	Non-dividend Distributions	8.63	11	Bond Premium	14.89
4	Federal Income Tax Withheld	0.00			
5	Section 199A Dividends	0.00			
6	Investment Expenses	25.00			
7	Foreign Tax Paid	19.67			

Summary of 20XX Proceeds From Broker and Barter Exchange Transactions					
Term	Form 8494 type	Proceeds	Costs	Wash Sales	Net Gain/Loss
Short	A (basis reported to IRS)	9,679.85	4,741.55	0.00	4,938.30
Short	B (basis not reported to IRS)	2,741.54	6,555.74	625.41	-3,814.20
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00
	Total Short Term	12,421.39	11,297.29	625.41	1,124.10
Long	D (basis reported to IRS)	625.45	321.25	0.00	304.20
Long	E (basis not reported to IRS)	1,123.52	250.00	24.21	872.52
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00
	Total Long Term	1,748.97	571.25	24.21	1,176.72
	Grand Total	14,170.36	11,869.54	649.62	2,300.82

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Form 1099-B 20XX Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Short-term transactions for which basis is reported to the IRS
Report on Form 8949 with Box A checked and/or Schedule D, Part I

Description, other Symbol, CUSIP	1b Date Acquired	1c Date Sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain/Loss (-)	1g Wash Sale Disallowed
Home Depot	01/15/20XX	06/27/20XX	20	1,027.11	525.00	502.11	
Turtle Inc	01/15/20XX	06/27/20XX	10	2,750.00	1,400	1,350.00	
Pretend Inc.	04/01/20XX	11/11/20XX	5,952	5,902.74	2,816.55	3,086.9	
Totals				9,679.85	4,741.55	4,938.30	

Short-term transactions for which basis is not reported to the IRS
Report on Form 8949 with Box B checked and/or Schedule D, Part I

Description, other Symbol, CUSIP	1b Date Acquired	1c Date Sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain/Loss (-)	1g Wash Sale Disallowed
Kentucky Inc	04/15/20XX	06/27/20XX	15	2,741.54	6,555.74	(3,814.20)	625.41
Totals				2,741.54	6,555.74	(3,814.20)	625.41

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Form 1099-B 20XX Proceeds from Broker and Barter Exchange Transactions

Copy B for Recipient OMB NO. 1545-0715

Long-term transactions for which basis is reported to the IRS
 Report on Form 8949 with Box D checked and/or Schedule D, Part I

Description, other Symbol, CUSIP	1b Date Acquired	1c Date Sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain/Loss (-)	1g Wash Sale Disallowed
Sample Inc	04/15/2015	05/14/20XX	1	22.03	50.00	(27.97)	
Gotham Inc	6/24/2018	07/31/20XX	7	183.69	175.00	8.69	
XYZ Co	07/02/2016	04/15/20XX	20	267.25	71.25	196.00	
Playtime Co	07/27/2014	012/27/20XX	10	250.00	25.00	127.48	
Totals				625.45	321.25	304.20	

Long-term transactions for which basis is not reported to the IRS
 Report on Form 8949 with Box D checked and/or Schedule D, Part I

Description, other Symbol, CUSIP	1b Date Acquired	1c Date Sold disposed	1a Quantity Sold	1d Proceeds	1e Cost or Other Basis	Gain/Loss (-)	1g Wash Sale Disallowed
Zerox	04/15/2014	05/14/20XX	15	1,123.52	250.00	872.52	24.21
Totals				1,123.52	250.00	872.52	24.21

Intake/Interview and Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name Kenneth	M.I.	Last name Kanter	Best contact number 804-751-7753	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name Martha	M.I.	Last name Kanter	Best contact number 804-748-1247	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 424 Bridge Street		Apt #	City Chester	State VA
4. Your Date of Birth 11/14/1955		5. Your job title retired	6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth 11/2/1952		8. Your spouse's job title retired	9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure		
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married

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

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

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 3

To be completed by a Certified Volunteer Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/23 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,700 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

- 1. Would you like to receive written communications from the IRS in a language other than English? Yes No If yes, which language? _____
- 2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse
- 3. If you are due a refund, would you like: a. Direct deposit Yes No b. To purchase U.S. Savings Bonds Yes No c. To split your refund between different accounts Yes No
- 4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
- 5. Did you live in an area that was declared a Federal disaster area? Yes No If yes, where? _____
- 6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes No
- 7. Would you like information on how to vote and/or how to register to vote? Yes No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

- 8. Would you say you can carry on a conversation in English, both understanding & speaking? Very well Well Not well Not at all Prefer not to answer
- 9. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer
- 10. Do you or any member of your household have a disability? Yes No Prefer not to answer
- 11. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
- 12. Your race?
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
- 13. Your spouse's race?
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
 No spouse
- 14. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer
- 15. Your spouse's ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224