## **Collette and Christopher Chandler**

Interview Notes:

Collette and Christopher are married. They are not sure whether to file jointly or separately and hope you can help them with that question.

 $\cdot$  Collette works as a preschool teacher's aide.

 $\cdot$  Christopher is retired from the local paper mill. He receives income from a pension plan, as well as social security income.

• Collette and Christopher are raising their three grandchildren. The children have not seen their parents in the last three years, and neither parent can claim them as dependents. Collette and Christopher provide all the support for the children.

 $\cdot$  The Chandler family donated \$750 to the local food bank.

 $\cdot$  Collette has health insurance through her employer. Christopher receives health insurance through Medicare. The children receive insurance through Medicaid.

• They would like to receive any refunds or pay any balances due by paper check.

## NOTE: To conserve paper, only pages 1-3 of the intake form were printed

Social Security Card	Social Security Card
Collette Chandler	Christopher Chandler
265-00-5388	247-00-4786
For training purposes only	For training purposes only
Social Security Card	Social Security Card
Danisha Denson	Danita Denson
326-00-4742	326-00-0482
For training purposes only	For training purposes only



Name & Address

Christopher Chandler 889 Chapman Street Ashland, VA 23005

Date of Birth 11/16/1955 Expiration Date 11/16/2026

		's social security number 55-00-5388	OMB No		ave. accurate, AST! Use	IRSC-	file	Visit the IRS wel www.irs.gov/efi	
b. Employer identification number (EIN)			1. Wages, tips, other compensation			2. Federal in	2. Federal income tax withheld		
77-3724665			\$2	\$21,246.77			\$956.28		
c. Employer's name, address,and ZIP code			3. Social security wages			4. Social security tax withheld			
			\$21,246.77			1,317.30			
PRESCHOOL ON THE HILL			5. Medicare wages and tips			6. Medicare tax withheld			
1830 SULLIVAN ROAD			\$2	\$21,246.77			308.08		
ASHLAND, VA 23005			7. Social security tips			8. Allocated	8. Allocated tips		
d. Control number				9.			10. Dependa	nt care benefits	
e. Employee's first name and initial Last name Suff.			11. Nongualified plans			12a. See instructions for box 12			
Employee's address and	ZIP code						DD	\$6,18	5.00
COLLETTE CHANDLER 889 CHAPMAN STREET					hird-party ick pay	12b.			
ASHLAND, VA 23005			14. Other			12c.			
						12d.	12d.		
				[					
15. State Employer's stat VA 31-77372		16. State wages, tips, etc \$21,246.77	c. 17. S	tate income tax 976.50	18. Local wag	jes, tips, etc.	19. Local income	tax 20. Locality	name
	1005	φ21,210.77	•   •	570.50					
Form W-2 Sta	Form W-2 Wage and Tax 2024								
Copy B - To Be FIled With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.									

		CORRE	CTED (if checked)	)			
PAYER'S name, street address, city or town, state or province country, ZIP or foreign postal code and phone no.		1 Gross distribution \$19,586.00		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or		
INDUSTRIAL PAPER PRODUCTS		2a Taxable amount				Profit-Sharing Plans, IRAs, Insurance	
P.O. BOX 14039 INDIANAPOLIS, IN 46163		\$18,961.00		Form 1099-R	Contracts, etc.		
			2b Taxable amount not determined.		Total Distribution		Сору В
PAYER'S TIN 36-3878742	RECIPIENT'S T	™ 10-4786	3 Capital gain (included in box 2a).		4 Federal income tax withheld \$1.	income on your 514 24 federal tax	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code CHRISTOPHER CHANDLER 889 CHAPMAN STREET ASHLAND, VA 23005		5 Employee contribution Designated Roth contributions or insurance premiums \$625.0	is/ 6 Net unrealized fo appreciation in employer's securities tax w box			return. If this form shows federal income tax withheld in box 4, attach this copy to	
			7 Distribution Code(s) 7	IRA/ SEP/ SIMPLE	8 Other	%	your return. This information is being furnished to
		9a Your percentage of to distribution	otal	9b Total Employee Contributions		the IRS	
			%		\$13,533.00		
10 Amount allocable to IRR 1 within 5 years	1 1st year of desig. Roth contrib.	12 FATCA filing requirment	14 State tax withheld		15 State/Payer's state	no.	16 State distribution
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/Form 1099R Department of the Treasury - Internal Revenue Service					y - Internal Revenue Service		

## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2024 O PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.

Box 1. Name CHRISTOPHER CHANDLER			Box 2. Beneficiary's Social Security Number 247-00-4786			
Box 3. Benefits Paid in 2024	Box 4. Benefits Repaid to SSA	in 2024	Box 5. Net Benefits Paid for 2024 (Box 3 minus Box 4)			
\$24,368.40			\$24,368.40			
DESCRIPTION OF A	MOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4			
Paid by check or direct deposit	\$22,390.40					
Medicare Part B premiums deduct from your benefits	ed \$1,978.00					
Medicare Prescription Drug premiums (Part D) deducted fro your benefits	om					
Total Additions	\$1,978.00	untary Federal Income Tax Withheld				
Benefits for 2024	\$2 <mark>4,</mark> 368.40					
Benefits for 2023		889 CH/	Iress OPHER CHANDLER APMAN STREET ID, VA 23005			
Benefits for 2022						
Benefits for 2021		Box 8. Clair	n Number (use this number if you need to contact SSA) 247-00-4786A			

Form SSA-1099-SM