Marvin Mason

Return Level: Advanced

Interview Notes:

- · Marvin is 39 and was widowed in September 2023. He has a son, Benjamin, age 5, who lived with him the entire year. Both are U.S. citizens and lived in the United States all year in 2024.
- · Marvin provided the entire cost of maintaining the household and more than 50% of the support for Ben.
- · Marvin purchased health insurance for himself and his son through the Marketplace starting 2/1/2024. He received a Form 1095-A.

Marvin also pays for childcare expenses for Ben to attend Sunnyside Day Care Center.

Marvin is also legally blind.

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







		e's social security number 52-00-4456	OMB No		ave. accurate, AST! Use	(RSP)	file	Visit the IRS website at www.irs.gov/efile
b. Employer identification	1. Wages, tips, other compensation			2. Federal in	2. Federal income tax withheld			
35-6002875				\$41,000.00				\$1,500.00
c. Employer's name, addre	3. Social security wages			4. Social security tax withheld				
	\$42,500.00			\$2,635.00				
RIVER CITY CHUR	5. Medicare wages and tips			6. Medicare tax withheld				
347 LEE STREET	\$42,500.00			\$616.25				
COLONIAL HEIGH	7. Social security tips			8. Allocated	8. Allocated tips			
d. Control number	9.			10. Dependa	10. Dependant care benefits			
e. Employee's first name a	11. Nonqualified plans			12a. See instructions for box 12				
Employee's address and ZIP code							D	\$1,500.00
MARVIN MASON						hird-party	12b.	
4500 SWIFT CREE		Plan s	sick pay					
CHESTER, VA 23831			14. Other			12c.		
							12d.	
15. State Employer's sta	te ID number	16. State wages, tips, etc	17. S	tate income tax	18. Local wag	jes, tips, etc.	19. Local income	tax 20. Locality name
VA 31356002	2875	\$41,000.00	.]	689.00				
Form W-2 Wage and Tax Copy B - To Be FIled With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.								

		CORREC	CTED (i	f checked)			
PAYER'S name, street address, city or or foreign postal code and telephone n FIRST BANK 123 WAFFLE STREET GOOCHLAND, VA 23063	town, state or provi o.	nce, country, ZIP	1 Total Ordinary Dividends \$2,800.00 1b Qualified Dividends \$2,800.00		OMB No. 1545-0110 Form 1099-DIV (Rev. January, 2022) For calendar Year 2024	Dividends and Distributions	
			2a Total	capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy B For Recipient	
PAYER'S TIN 38-473289X			2c Section 1202 gain 2d Collectables (28%) g		2d Collectables (28%) gain		
				on 897 ordinary dividends	2f Section 897 capital gain	This is important tax information and is	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MARVIN MASON				vidend distributions	4 Federal income tax wi	ithheld being furnished to the Internal Revenue Service. If you are	
				n 199A dividends	6 Investment expenses	required to file a return, a negligence penalty or other	
4500 SWIFT CREEK LANE CHESTER, VA 23831			7 Foreign Tax Paid		8 Foreign Country or US pos	ssession sanction may be imposed on you if this income is taxable	
			9 Cash liquidation distributions		10 Noncash liquidation distri	ibution and the IRS determines that it has not been reported.	
	11 FATCA filing requirment		12 Exempt-Interest dividends		13 Specified private activity bond interest dividends		
Account number (see instructions)			15 State	14 State Identification no.	15 State tax withheld		
Form 1099-DIV (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service							

Form 1095-A Health Insurance Marketplace Statement OMB No. 1545-2232 > Do not attach to your tax return. Keep for your records. Department of the Treasury > Go to www.irs.gov/Form1095A for instructions and the latest information. CORRECTED Internal Revenue Service Part I Recipient Information 1 Marketplace Identifier 2 Marketplace-assigned policy number 3 Policy issuer's name 12-3456789 987654 MARVIN MASON 6 Recipient's date of birth 4 Recipient's name 5 Recipient's SSN MARVIN MASON 352-00-4456 04/18/1985 7 Recipient's spouses's name 8 Recipient's spouse's SSN 9 Recipient's spouse's date of birth 10 Policy start date 11 Policy termination date 12 Street address (including apartment number) 02/01/2024 12/31/2024 4500 SWIFT CREEK LANE 13 City or town, State or province, Country and ZIP or foreign postal code CHESTER, VA 23831 Part II Covered Individuals A Covered individual name B Covered individual SSN C. Date of birth D. Coverage start date E. Coverage termination date 16 MARVIN MASON 352-00-4456 04/18/1985 01/01/2024 12/31/2024 01/01/2024 12/31/2024 17 BENJAMIN MASON 144-00-3287 03/23/2019

19 20

Part III Coverage Information					
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit		
21 January					
22 February	\$446.00	\$602.00	\$388.00		
23 March	\$446.00	\$602.00	\$388.00		
24 April	\$446.00	\$602.00	\$388.00		
25 May	\$446.00	\$602.00	\$388.00		
26 June	\$446.00	\$602.00	\$388.00		
27 July	\$446.00	\$602.00	\$388.00		
28 August	\$446.00	\$602.00	\$388.00		
29 September	\$446.00	\$602.00	\$388.00		
30 October	\$446.00	\$602.00	\$388.00		
31 November	\$446.00	\$602.00	\$388.00		
32 December	\$446.00	\$602.00	\$388.00		
33 Annual Totals	\$4,906.00	\$6,622.00	\$4,268.00		

Form: 1095-A



456 Camelot Road Colonial Heights, VA 23834 Ph. (804) 555-1234

December 31, 2024

Received from Marvin Mason

\$5,625 for daycare services for Benjamin Mason.

Total amount received for after school and summer care in 2024: \$5,625

EIN: 56-3001489