

Kandace Kirk

Return Level: Basic

Interview Notes:

- Kandace Kirk is single, 30 years old, and has never been married.
- Kandace is the mother of twin daughters: Kathy and Kristi, who are 10 years old.
- Kandace paid all the costs associated with keeping up her home all year.
- She provided 100% of the support for both of her children.
- Kandace worked as a server where she worked overtime and received tip income. Her tips totaled \$12,080, reported on her W-2 by her employer.
- On Kandace's end-of-year paystub at the same job, her overtime earnings were \$2,100 and she said that her employer pays her "time-and-a-half" when she works overtime. She'd like to claim the deduction for "No Tax on Overtime" if she's eligible.
- Kandace had gambling winnings that were reported on a W-2G. Her gambling losses for the year totaled \$2,420.
- Kandace received a new I.P. Pin (246802) at the beginning of this year. Neither daughter has an IP PIN.
- Kandace made charitable contributions totaling \$700 throughout the year to United Way Greater Richmond and Petersburg.
- They are all U.S. Citizens and have valid Social Security numbers. They lived in the U.S. all year round.

Important notes for data entry in TaxSlayer:

No Tax on Tips: qualified tips need to be entered in the Deduction section to be excluded. Go to Deductions > Additional Deductions > No Tax on Tips and enter amount in Box 7

No Tax on Overtime: only the premium amount of overtime can be used to determine the amount that isn't taxed.

In this example the customer has documentation of the total amount of overtime (\$2,100) and reports she is paid time-and-a-half. To calculate the right amount, divide by 3 to get the premium amount of \$700.

To enter go to

Deductions > Additional Deductions > No Tax on Overtime

NOTE: To conserve paper only pages 1-3 of the Form 13614-C was printed

Driver's License (Tax Training Only)

License No. 20251208214644

Name and Address

KANDACE KIRK
123 SOUTH SESAME STREET
APT. 456
RICHMOND, VA 23225



Birth Date 09/28/1988

Issue Date 09/16/2025 Expiration Date 09/28/2030

Social Security

KANDACE KIRK

THIS NUMBER HAS BEEN ESTABLISHED FOR

620-00-1234

For Tax Training Purposes Only

Social Security

621-00-7890

THIS NUMBER HAS BEEN ESTABLISHED FOR

KATHY KIRK

For Tax Training Purposes Only

Social Security

622-00-6789

THIS NUMBER HAS BEEN ESTABLISHED FOR

KRISTI KIRK

For Tax Training Purposes Only

KANDACE KIRK
123 SOUTH SESAME STREET
APT. 456
RICHMOND, VA 23225

1234

PAY TO THE _____
ORDER OF _____

\$

DOLLARS

Your Bank
Address
City, State ZIP

For _____

325070760

987123654

1234

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city or town, state or province, country, WINNER'S CASINO 111 BLUE CHIP WAY MIDLOTHIAN, VA 23112		1. Reportable winnings \$1,907.40	2. Date won 03/18/2025	OMB No 1545-0238 Form W-2G Certain Gambling Winnings (Rev. December 2023) For calendar year 20 25	
		3. Type of wager SLOTS	4. Federal income tax withheld		
		5. Transaction SN-53421	6. Race N/A		
		7. Winnings from identical wagers	8. Cashier W3520		
PAYER'S TIN 91-4234567	PAYER'S Telephone number		9. WINNER'S TIN 620-00-1234	10. Window V1236	This information is being furnished to the IRS. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal KANDACE KIRK 123 SOUTH SESAME STREET APT. 456 RICHMOND, VA 23225		11. First identification no. 2025102415443C	12. Second identification no. PHOTO ID		
		13. State/Payer's state identification no.	14. State Winnings		
		15. State income tax withheld	16. Local Winnings		
		17. Local income tax withheld	18. Name of locality		
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature:			Date:		
Form W-2G					

a. Employee's social security number 620-00-1234		Save. accurate, FAST! Use Visit the IRS website at www.irs.gov/efile				
b. Employer identification number (EIN) 91-561234567		1. Wages, tips, other compensation \$45,150.00	2. Federal income tax withheld \$1,550.00			
c. Employer's name, address, and ZIP code YUMMY EATING PLACE 415 DOWNTOWN ST TULSA, OK 74115		3. Social security wages \$33,070.00	4. Social security tax withheld \$2,613.30			
		5. Medicare wages and tips \$45,150.00	6. Medicare tax withheld \$654.68			
		7. Social security tips \$12,080.00	8. Allocated tips			
d. Control number		9.	10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code KANDACE KIRK 123 SOUTH SESAME STREET APT. 456 RICHMOND, VA 23225		11. Nonqualified plans	12a. See instructions for box 12 DD \$2,134.63			
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b. D \$850.00			
		14. Other	12c.			
			12d.			
15. State VA	Employer's state ID number 3091561234567	16. State wages, tips, etc. \$45,150.00	17. State income tax 658.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name