

Examples of What To Bring

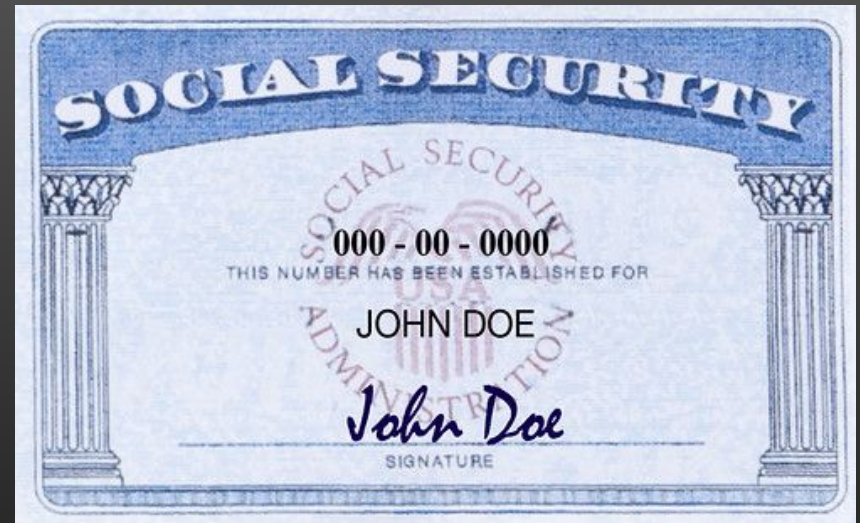
DSDHH - VITA
Volunteer Income
Tax Assistance

Personal Information Examples

Driver License



Social Security Card



Personal Information Examples

Voided Check or Bank Account Information

Ms Jane Doe
123 Main St
Boulder, CO 80301

Date

Pay to the
Order Of _____ \$ _____

_____ Dollars 

Memo _____ Signature _____

123456789

Routing

0987654321

Account

1001

Prior Year Tax Return

1040		Department of the Treasury—Internal Revenue Service (99)	U.S. Individual Income Tax Return	2018	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)						
Your first name and initial		Last name		Your social security number		
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind		If joint return, spouse's first name and initial		Last name		Spouse's social security number
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse remarries on a separate return or you were dual-status alien		Home address (number and street), if you have a P.O. box, see instructions.		Apt. no.		Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.						If more than four dependents, see inst. and <input type="checkbox"/> here <input type="checkbox"/>
Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input type="checkbox"/> if qualifies for (see inst.):		
(1) First name	Last name			Child tax credit	Credit for other dependents	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.		Your signature		Date	Your occupation	
		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	
Paid Preparer Use Only		Preparer's name		Preparer's signature	PTIN	Firm's EIN
		Firm's name		Phone no.		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
		Firm's address				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cal. No. 113208

Form 1040 2018

Personal Information Examples

Birth Date Document or Documentation

CERTIFICATE OF BIRTH

NAME OF CHILD
[REDACTED]

DATE OF BIRTH
FEBRUARY 5, 2003

TIME
10:27 PM

SEX
MALE

MAIDEN NAME OF MOTHER
[REDACTED]

NAME OF FATHER
[REDACTED]

PLACE OF BIRTH
SUMMIT CITY

COUNTY OF BIRTH
UNION

DATE ISSUED
MAY 13, 2011

FILE NUMBER
20030005460

DATE FILED WITH REGISTRAR
02/11/2003

ISSUED BY
**State Department of Health and Senior Services
Bureau of Vital Statistics**

111208920

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

Form 13614-C
(November 2024)

Department of the Treasury - Internal Revenue Service
Intake/Interview and Quality Review Sheet

OMB Number
1545-1994

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 1-4 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 irs.voltax@irs.gov

Your first name (pronouns, optional) M.I. Last name
Jane Doe Rocket Scientist
Your date of birth
1/1/1988
Spouse's first name (pronouns, optional) M.I. Last name
John Doe Another Rocket Scientist
Spouse's date of birth
01/15/1980
Spouse's job title
Another Rocket Scientist

Mailing address Apt # City State ZIP code

Your telephone number Spouse's telephone number Email address (optional) Did you live or work in two or more states in 2024
☐ Yes ☐ No

Check if you or your spouse were in 2024:

A U.S. citizen ☐ You ☐ Spouse ☐ No
In the U.S. on a visa ☐ You ☐ Spouse ☐ No
A full-time student ☐ You ☐ Spouse ☐ No

Legally blind ☐ You ☐ Spouse ☐ No
Totally and permanently disabled ☐ You ☐ Spouse ☐ No
Issued an identity protection PIN (IPPIN) ☐ You ☐ Spouse ☐ No
Owners or holders of any digital assets ☐ You ☐ Spouse ☐ No

If due a refund, how would you like your refund
☐ Direct deposit ☐ Check by mail
☐ Split refund between accounts ☐ Other

If you have a balance due, how would you like to make your payment
☐ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☐ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English ☐ Yes ☐ No

What language

Would you like information on how to vote and/or how to register to vote ☐ Yes ☐ No
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund ☐ Yes ☐ No

As of December 31, 2024, what was your marital status
☐ Never Married ☐ Married ☐ Divorced ☐ Widowed
If married, were you married for all of 2024 ☐ Yes ☐ No
Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
Date of final decree Date of separate maintenance decree Year of spouse's death

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No


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.

Name (first, last)	Date of birth (month/year)	Relationship to you (omit parent, new, etc.)	Number of months lived with you in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Is used as PPSN	Qualifying child or relative of any other person	This person provided more than 90% of their own support	This person had less than \$5,000 of support for this person	Taxpayer(s) provided more than half the cost of maintaining a home for this person	Taxpayer(s) paid more than 10% of the cost of maintaining a home for this person
Johnny Doe	05/30/2020	Son												
Jane Doe	09/21/2021	Daughter												

Catalog Number 52121E www.irs.gov Form **13614-C** (Rev. 11-2024)

Income Examples

Wages

a Employee's social security number		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov/efile .	
OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		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 See instructions for box 12
			12b
			12c
			12d
f Employee's address and ZIP code			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
		18 Local wages, tips, etc.	19 Local income tax
			20 Locality name

W-2 Wage and Tax Statement **2024** Department of the Treasury—Internal Revenue Service

Form **W-2** Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Gambling

3232 <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Reportable winnings	2 Date won
		\$	
		3 Type of wager	4 Federal income tax withheld
		\$	
PAYER'S TIN		5 Transaction	6 Race
		7 Winnings from identical wagers	8 Cashier
		\$	
PAYER'S telephone no.		9 WINNER'S TIN	10 Window
WINNER'S name		11 First identification no.	12 Second identification no.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings
City or town, state or province, country, and ZIP or foreign postal code			\$
		15 State income tax withheld	16 Local winnings
		\$	\$
		17 Local income tax withheld	18 Name of locality
		\$	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature:		Date:	
Form W-2G (Rev. 12-2023)		Cat. No. 10138V	www.irs.gov/FormW2G
Department of the Treasury - Internal Revenue Service			
Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page			

OMB No. 1545-0238
Form W-2G
Certain Gambling Winnings
(Rev. December 2023)
For calendar year 20 ____

For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns**.

File with Form 1096

Copy A
For Internal Revenue Service Center

Income Examples

Retirement

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$	2024 Form 1099-R
		2a Taxable amount \$	
PAYER'S TIN		2b Taxable amount determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		3 Capital gain (included in box 2a) \$	
RECIPIENT'S TIN		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
RECIPIENT'S name		7 Distribution code(s) <input type="checkbox"/> IRA/SEP/ SIMPLE <input type="checkbox"/>	
Street address (including apt. no.)		9a Your percentage of total distribution %	9b Total employee contributions \$
City or town, state or province, country, and ZIP or foreign postal code		10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.
12 FATCA filing requirement <input type="checkbox"/>		13 Date of payment	14 State tax withheld \$
15 State/Payer's state no.		16 State distribution \$	17 Local tax withheld \$
18 Name of locality		19 Local distribution \$	

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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.

This information is being furnished to the IRS.

Box 5

Box 9b

Social Security Benefits

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	Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2023	Box 4. Benefits Repaid to SSA in 2023	Box 5. Net Benefits for 2023 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withheld

Income Examples

State Refund/Unemployment

8886		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120 Form 1099-G (Rev. January 2022)
PAYER'S TIN		2 State or local income tax refunds, credits, or offsets \$	For calendar year 20
RECIPENT'S TIN		3 Box 2 amount is for tax year	4 Federal income tax withheld \$
RECIPENT'S name		5 RTAA payments \$	6 Taxable grants \$
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$	10a State 10b State identification no. 11 State income tax withheld \$ \$
Account number (see instructions)		2nd TIN not <input type="checkbox"/>	

Form **1099-G** (Rev. 1-2022) Cat. No. 14438M www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Certain Government Payments
Copy A
For Internal Revenue Service Center
File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

Investment Income

9292		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022)
PAYER'S TIN		1 Interest income	

Interest Income
Copy A
For Internal Revenue Service Center

9393		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends \$	OMB No. 1545-0119 Form 1099-DIV (Rev. January 2022)
PAYER'S TIN		1b Qualified dividends \$	

Dividends and Distributions
Copy A
For Internal Revenue Service Center

9494		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Description of property (Examples: 100 sh. XYZ Co.)	OMB No. 1545-0113 Form 1099-B (Rev. January 2022)
PAYER'S TIN		1b Date acquired	1c Date sold or disposed

Proceeds From Broker and Barter Exchange Transactions
Copy A
For Internal Revenue Service Center
File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

7575		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Date of closing	OMB No. 1545-0997 Form 1099-S (Rev. January 2022)
FILER'S TIN		2 Gross proceeds \$	For calendar year 20
TRANSFEROR'S TIN		3 Address (including city, state, and ZIP code) or legal description	
TRANSFEROR'S name		4 Check here if the transferor received or will receive property or services as part of the consideration <input type="checkbox"/>	
Street address (including apt. no.)		5 Check here if the transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		6 Buyer's part of real estate tax \$	
Account number (see instructions)			

Form **1099-S** (Rev. 1-2022) Cat. No. 64292E www.irs.gov/Form1099S Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Proceeds From Real Estate Transactions
Copy A
For Internal Revenue Service Center
File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

Self-Employment Examples

Self-Employment Income

<input type="checkbox"/> CORRECTED (if checked)	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	
OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year _____	
Nonemployee Compensation	
PAYER'S TIN	RECIPIENT'S TIN
1 Nonemployee compensation \$ _____	
2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
3 _____	
4 Federal income tax withheld \$ _____	
5 State tax withheld \$ _____	6 State/Payer's state no. _____
7 State income \$ _____	
Form 1099-NEC (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service	

**Copy B
For Recipient**
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Miscellaneous Income

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	
OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 20 _____	
Miscellaneous Information	
PAYER'S TIN	RECIPIENT'S TIN
1 Rents \$ _____	
2 Royalties \$ _____	
3 Other income \$ _____	
4 Federal income tax withheld \$ _____	
5 Fishing boat proceeds \$ _____	
6 Medical and health care payments \$ _____	
7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
8 Substitute payments in lieu of dividends or interest \$ _____	
9 Crop insurance proceeds \$ _____	
10 Gross proceeds paid to an attorney \$ _____	
11 Fish purchased for resale \$ _____	
12 Section 409A deferrals \$ _____	
13 FATCA filing requirement <input type="checkbox"/>	
14 Excess golden parachute payments \$ _____	
15 Nonqualified deferred compensation \$ _____	
Account number (see instructions) \$ _____	
16 State tax withheld \$ _____	
17 State/Payer's state no. _____	
18 State income \$ _____	
Form 1099-MISC (Rev. 1-2022) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service	

**Copy 1
For State Tax Department**

Mileages

The screenshot shows the TurboTax app interface for the 2022 mileage estimate. At the top, the status bar shows the time 10:35, a location pin icon, and various system icons. The app header includes the TurboTax logo, the title "Your 2022 mileage estimate...", and navigation icons for "All Inboxes" (blue), a home icon (grey), and a checkmark icon (blue). The main content area has a light orange background and contains the text: "calculated from items accepted deliveries until you marked them complete. This estimate only includes orders that you completed)". Below this is a large black number "5,777.144 miles". A section titled "Total Dash Mileage" (bold) follows, with a bullet point and text: "(calculated from when you start to dash until you end your dash. This estimate includes mileage traveled before, during, between, and after deliveries)". Below this is another large black number "7,918.216 miles". A note states: "Please note that these estimates only include mileage for dashes completed in cars." At the bottom, a white box contains the text: "To keep track of your total mileage and maximize your business-related deductions on your 2022 tax return,". The bottom navigation bar features four icons: a trash can (grey), a folder (grey), a right-pointing arrow (blue), and a checkmark (blue).

Mileage Tracker

[illegible]

Taxes Paid

Sales and Use Tax General Information

Sellers must hold the sales and use taxes they collect in trust for the benefit of the state and for payment to the Tax Commission. See Utah Code Title 59, Chapter 12.

You must file sales and use tax and sales-related taxes electronically on Taxpayer Access Point (TAP) at tap.utah.gov.

You can make e-check and credit card payments on TAP. E-checks are free. Credit card payments are subject to a convenience fee.

- **Returns and Schedules:** You must use the TC-62 series returns and schedules. Filing requirements are based on your type of

and schedules. Filing requirements are based on your type of business. You may be penalized if you do not file the correct returns and schedules. See Pub 25, Sales and Use Tax General

information, to find out which returns and schedules you must file.

- **Amended Returns:** Sign in to TAP to amend a previously-filed return. Go to the period you are amending and click the

Amend link. Enter corrected amounts on the return, not net amounts. Calculate the refund or balance due by subtracting the

original payment from the corrected tax due. Pay the balance due. Failure to pay all additional tax and interest with an amended return will result in a late payment penalty.

- **Help:** For online filing help, see [www.irs.gov/efile](#).

- **Tax Type Amounts:** If you file sales-related taxes (restaurant,

transient room, etc.), include the amount you are paying for each tax type on the sales tax payment coupon.

Sales Tax Payment Coupon

- If you have an EFT requirement, you must continue to pay
- Return this coupon with your payment to the address below

- Please return originals. Make copies for your records.

✂ Remove coupon at perforation

Start here. Type your business name below this line.

name below this line.

Make check or money order payable to the Utah State Tax Commission. Do not send cash. Do not staple check to this coupon. Remove stub from check.

UTAH STATE TAX COMMISSION

UTAH STATE TAX COMMISSION
SALES TAX
210 N 1950 W

SLC UT 84134-0400

IMPORTANT: To protect your privacy, use the "Clear fo

Credits and Deductions Examples

College Tuition

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

1 Payments received for qualified tuition and related expenses

OMB No. 1545-1074

2023

Tuition Statement

Form **1098-T**

FILER'S employer identification no. STUDENT'S TIN

3

4 Adjustments made for a prior year

5 Scholarships or grants

6 Adjustments to scholarships or grants for a prior year

7 Checked if the amount in box 1 includes amounts for an academic period beginning January 1, 2023

8 Checked if at least half-time student

9 Checked if a graduate student

10 This contract reimburses/refunds

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 1098-T to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Student Loan

8484 ☐ VOID ☐ CORRECTED

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

OMB No. 1545-1576

2023

Student Loan Interest Statement

Form **1098-E**

RECIPIENT'S TIN BORROWER'S TIN

1 Student loan interest received by lender

BORROWER'S name

Street address (including apt. no.)

City or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions)

2 Check if box 1 does not include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004

Form **1098-E** Cat. No. 25088U www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Credits and Deductions Examples

Marketplace Insurance

Form **1095-A** | **Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED OMB No. 1545-2232
Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095A for instructions and the latest information. **2024**

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse'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 no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

Daycare

CHILDCARE TAX STATEMENT

A4,A5 & Us Letter / Instant Download

CHILD CARE TUITION TAX STATEMENT

PROVIDER INFO

Provider's Name: _____
Provider's Address: _____
Provider's Phone: _____
Provider's Email: _____
Provider's Email: _____
Provider's EIN or Social Security Number: _____

FAMILY INFO

Parent's Name/s: _____
Parent's Address: _____
Parent's Phone: _____
Parent's Email: _____

CHILD INFO

Children's Name: _____
Children's DOB: _____

TUITION PAID

Total Tuition Paid \$: _____ (Checks,Cash \$ Card)

Credits and Deductions Examples

My 529

Charity

TC-675R Example

Statement of Utah Tax Withheld on Mineral Production, TC-675R

For tax year: 20 1 0

1 Payer's name, address, state and ZIP code ABC MINING COMPANY PO BOX 4941 PRICE UT 84501		7 Recipient's name, address, state, and ZIP code ROBERT R. WINTER 2414 S 8200 W MAGNA UT 84044	
2 Payer's federal EIN 84-1909732	3 Utah account ID R49135	8 Recipient's federal EIN (or if an individual, SSN) 545-18-6791	
4 Utah mineral production gross payment to recipient 24,615.18		9 Recipient entity type (check one) <input type="checkbox"/> C - Corporation <input type="checkbox"/> S - S Corporation <input type="checkbox"/> L - Limited Liability Company <input type="checkbox"/> P - Partnership <input checked="" type="checkbox"/> O - Limited Liability Partnership <input type="checkbox"/> I - Individual <input type="checkbox"/> T - Trust Estate or Fiduciary	
5 Utah tax withheld on mineral production 1,230.76			
6 Utah mineral production gross payment not subject to withholding .00			

TC-675R Rev. 9/09

CHURCH DONATION DEPOSIT RECEIPT

DONATION RECEIPT

Retain for tax purposes

DATE: _____

NAME: **A** _____

ADDRESS: _____

DONATION DETAILS **B**

Description	Donor notes for tax records	Boxes	Boys
Clothing			
Household			
Furniture			
Other			

TAX YEAR **C** RECEIPT VALUE* **D** TAX ID #01-0284340

E Tax benefits for charitable contributions are available only to taxpayers who itemize deductions. To claim a deduction on taxes, the donor determines the fair market value of the contributions. Please refer to IRS publication 561 for goods or services were provided to the donor by Goodwill. Goodwill does not retain a copy of this receipt.

GOODWILL CONFIRMATION **F**

Signature _____ Location _____

Goodwill Northern New England 75 Washington Ave., Suite 300 Portland, ME 04101

Thank You



Credits and Deductions Examples

Medical

Patient Name - Billing Summary		
Total Expenses		
AB Medical Center	ER, Radiology	\$6,874.90
AB Medical Clinics LLC	Office Visit	\$441.75
AB Pain Centers - Bellevue	Chiropractic treatment, massage therapy	\$8,463.01
Total		\$15,779.66
AB Medical Center		
11/15/YYYY	ER	\$2,339.00
11/15/YYYY	ER	\$365.20
11/15/YYYY	CT of cervical spine	\$1,716.00
11/15/YYYY	CT of cervical spine	\$166.80
11/15/YYYY	CT of lumbar spine	\$2,132.00
11/15/YYYY	CT of lumbar spine	\$155.90
Total		\$6,874.90

Mortgage and Real Estate

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20__	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payer(s)/borrower(s)* \$		2 Outstanding mortgage principal \$		3 Mortgage origination date	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	4 Refund of overpaid interest \$		5 Mortgage insurance premiums \$	
PAYER'S/BORROWER'S name		6 Points paid on purchase of principal residence \$			
Street address (including apt. no.)		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
City or town, state or province, country, and ZIP or foreign postal code		8 Address or description of property securing mortgage			
9 Number of properties securing the mortgage		10 Other			
Account number (see instructions)					
11 Mortgage acquisition date					

Form **1098** (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Credits and Deductions Examples

Classroom Expenses (Only for K-12 Teachers)

TEACHER & EDUCATION PROFESSIONALS			
Professional Fees & Dues		Travel - Out of Town	
Alumni Dues	\$ 3,621.00	Airfare	
Association Dues	\$ 2,365.00	Car Rental	
Credentials		Parking	\$ 500.00
Parent Teacher Groups		Taxi and Train	
School and Union Dues		Bus & Subway	\$ 471.00
Other:		Lodging (do not combine with meals)	
		Meals (do not combine with lodging)	
		Porter, Bell Captain	
		Laundry	
		Bridge & Highway Tolls	
		Telephone Calls (including home)	
		Other:	
Continuing Education		Classroom Supplies	
Correspondence Course Fees		Arts & Crafts Materials	
Course Registration		Audio Visual Rentals	
Lab Fees		Audio Visual Supplies	
Materials & Supplies		Books and Music	
Photocopy Expense		Classroom Decorations	
Reference Material		Computer Software	
Research Expenses			
Seminar Fees			
Textbooks			
Transcripts			
Tuition			
Other:			

Other Documents

Contact us if you have other documents you feel will impact your tax returns



Contact

Email: DSDHHVITA@utah.gov

We'll see you soon!

Happy Tax Season!