


## Client #4 – Clara and Mendon Pond – Basic/Adv

**Driver's License (Tax-Aide Training)**


License No. 20171009130512  
Name and Address  
CLARA POND  
1106 S. GOODMAN ST  
ROCHESTER, NY 14620



Birth Date 06/26/1948 Expiration Date 06/26/2022

**Driver's License (Tax-Aide Training)**

License No. 20171009130542  
Name and Address  
MENDON POND  
1106 S. GOODMAN ST  
ROCHESTER, NY 14620



Birth Date 07/14/1947 Expiration Date 07/14/2022

**Social Security**

**401-00-5699**

THIS NUMBER HAS BEEN ESTABLISHED FOR

MENDON POND

For Tax-Aide Training Purposes Only

1. Clara tells you she cannot find here Social Security Card. What other items can be used to verify Social Security Numbers?
2. They do not wish to contribute to the Presidential Election Campaign Fund.
3. If they get a refund, they would like their refund to go into their Checking Account their. Routing number 222381992, checking account number 65748

**Using the information above and the forms below, complete The Pond's Fed and NYS returns.**

**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 1-3 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](mailto: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	M.I.	Last name	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address		Apt #	City	State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you:		a. Full-time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled		c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:		a. Full-time student	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled		c. Legally blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2018, what  Never Married  Married  Divorced  Legally Separated  Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2018?  Yes  No

b. Did you live with your spouse during any part of the last six months of 2018?  Yes  No

Date of final decree \_\_\_\_\_

Date of separate maintenance agreement \_\_\_\_\_

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 (yes/no)	Single or Married as of 12/31/18 (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)	Did this person have less than \$4,150 of income? (yes/no)	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 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 type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input 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 type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G) <b>THE PONDS DID NOT ITEMIZE IN 2017</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input 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 type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input 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 type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	4. (A) Deductions: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was declared a Federal disaster area? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Receive a letter from the IRS?

Check appropriate box for each question in each section

Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)

Yes	No	Unsure				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?			

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name	MEC All Year	No MEC	Months with MEC	Months with Exemption	Exempt All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

Part VII - Additional Information and Questions Related to the Preparation of Your Return

- Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) \_\_\_\_\_
- 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
- 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
- If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

- 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
- Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer
- Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
- Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer

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

**NAME** (*spouse name, if applicable*) \_\_\_\_\_ CLARA AND MENDON POND \_\_\_\_\_

Income: (*Circle answer*)      \$55,000 or less (with children)      \$40,000 or less (no children)

**TAX RELATED:**

<p>County: _____ <u>Monroe</u> _____</p> <p>School District: _____ <u>RCSD</u> _____</p> <p>Please check the one that applies to you:</p> <p>X Renter: Monthly Rent \$ <u>900</u> _____</p> <p style="padding-left: 40px;"><i>Check if applicable:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>Section 8</i>    <input type="checkbox"/> <i>Rochester Housing Authority</i></p> <p><input type="checkbox"/> Homeowner with mortgage</p> <p><input type="checkbox"/> Homeowner <u>without</u> a mortgage</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other</p> <p>Income from states other than NY?</p> <p>X No                    <input type="checkbox"/> Yes</p>	<p>Pay child support through the support collection unit for at least 1/2 of the year?</p> <p>X No                    <input type="checkbox"/> Yes</p> <p>Did you (or spouse) volunteer as a firefighter or ambulance worker for the entire year?</p> <p>X No                    <input type="checkbox"/> Yes</p> <p>Did you visit another tax preparation service BEFORE coming to CASH this year?</p> <p>X No                    <input type="checkbox"/> Yes</p> <p>If using direct deposit for your refund, how will you verify your account number today?</p> <p>X Type: <u>blank check</u> _____</p> <p><input type="checkbox"/> I have no account, but I would like one</p> <p><input type="checkbox"/> N/A – not using direct deposit</p>
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# Clara and Mendon Pond

## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

<b>20</b>	<b>XX</b>	<input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name <b>CLARA POND</b>		Box 2. Beneficiary's Social Security <b>400-00-4567</b>	
Box 3. Benefits Paid in 2016 <b>\$25,082.00</b>	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) <b>\$25,082.00</b>	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>	
Paid by check or direct deposit <span style="float: right;">\$23,823.00</span>		Box 6. Voluntary Federal Income Tax Withheld	
Medicare Part B premiums deducted from your benefits <span style="float: right;">\$1,259.00</span>			
Medicare Prescription Drug premiums (Part D) deducted from your benefits <span style="float: right;">\$.00</span>			
<b>Total Additions</b> <span style="float: right;"><b>\$25,082.00</b></span>			
Benefits for 2016 <span style="float: right;"><b>\$25,082.00</b></span>		Box 7. Address	
Benefits for 2015		Box 8. Claim Number (use this number if you need to contact SSA) <b>400-00-4567A</b>	
Benefits for 2014			
Benefits for 2013			

Form **SSA-1099-SM**

# Clara and Mendon Pond

## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

<b>20</b>	<b>XX</b>	<input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name <b>MENDON POND</b>		Box 2. Beneficiary's Social Security <b>401-00-5699</b>	
Box 3. Benefits Paid in 2016 <b>\$26,000.00</b>	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) <b>\$26,000.00</b>	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>	
Paid by check or direct deposit <span style="float: right;">\$22,141.00</span>			
Medicare Part B premiums deducted from your benefits <span style="float: right;">\$1,259.00</span>			
Medicare Prescription Drug premiums (Part D) deducted from your benefits <span style="float: right;">\$.00</span>			
<b>Total Additions</b> <span style="float: right;"><b>\$26,000.00</b></span>			
Benefits for 2016 <span style="float: right;">\$26,000.00</span>		Box 6. Voluntary Federal Income Tax Withheld <span style="float: right;">\$2,600.00</span>	
Benefits for 2015 Benefits for 2014 Benefits for 2013		Box 7. Address <b>MENDON POND          1106 S. GOODMAN ST          ROCHESTER, NY 14620</b>	
		Box 8. Claim Number (use this number if you need to contact SSA) <b>401-00-5699A</b>	

Form **SSA-1099-SM**

# Clara and Mendon Pond

<input type="checkbox"/> CORRECTED (if checked)				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, address, city, state, ZIP code <b>NYS AND LOCAL EMPLOYEES RETIREMENT</b> 110 STATE ST ALBANY, NY 12244		1 Gross distribution <b>\$30,000.00</b>	<div style="font-size: 2em; font-weight: bold;">20 XX</div> Form 1099-R		<b>Copy B</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 Internal Revenue Service		
		2a Taxable amount <b>\$30,000.00</b>					
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>				
PAYER'S Federal identification number 14-6020869	RECIPIENT'S identification number	3 Capital gain (included in box 2a).	4 Federal income tax withheld <b>\$3,000.00</b>				
RECIPIENT'S name, address, city, state, ZIP code  <b>CLARA POND</b> 1106 S. GOODMAN ST ROCHESTER, NY 14620		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities				
		7.Distribution Code(s) 7	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other %			
		9a Your percentage of total distribution %	9b Total Employee Contributions				
		10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld <div style="border: 1px solid black; padding: 2px; text-align: center;">EXEMPT</div>			13. State/Payer's state no. NY 060210001
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution			
Form <b>1099-R</b>							

<input type="checkbox"/> CORRECTED (if checked)				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, address, city, state, ZIP code <b>MONDALE RETIREMENT SERVICES</b> 21 S. MUNICIPAL ST AGAWAM, MY 01001		1 Gross distribution <b>\$15,000.00</b>	<div style="font-size: 2em; font-weight: bold;">20 XX</div> Form 1099-R		<b>Copy B</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 Internal Revenue Service		
		2a Taxable amount <b>\$15,000.00</b>					
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>				
PAYER'S Federal identification number 73-2255885	RECIPIENT'S identification number	3 Capital gain (included in box 2a).	4 Federal income tax withheld <b>\$1,500.00</b>				
RECIPIENT'S name, address, city, state, ZIP code  <b>MENDON POND</b> 1106 S. GOODMAN ST ROCHESTER, NY 14620		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities				
		7.Distribution Code(s) 7	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other %			
		9a Your percentage of total distribution %	9b Total Employee Contributions				
		10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld <b>\$1,000.00</b>			13. State/Payer's state no. NY 732255885
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution			
Form <b>1099-R</b>							



# Clara and Mendon Pond

The Ponds provide this blank check to verify their routing and account numbers.

MENDON & CLARA POND 1106 S. GOODMAN ST ROCHESTER, NY 14620	<b>1234</b>
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
Your Bank Bank City, State, ZIP Code	
For _____	
: 222381922     : 65748 <b>1234</b>	

