


Betsy Smith

Client # 6 – Betsy Smith – Basic/Adv

Basic Facts:

1. Betsy lived alone in an apartment all of 20XX. She paid \$450 for rent each month. Utilities were not included.
2. She has valid picture ID but forgot her SS Card.
3. She had health insurance under a Medicare Advantage Plan from January 1 through December 31, 20XX.
4. She was single all of 20XX and does not provide financial support for anyone but herself.
5. She will take the standard deduction and does not wish to contribute to the Presidential Election Campaign Fund.
6. Betsy gives you a blank check to verify where she wants her refund to be deposited.

Driver's License (Tax-Aide Training)	
License No. 20160817120059	
Name and Address	
BETSY SMITH 1106 S. GOODMAN ST APT 3 ROCHESTER, NY 14620	
Birth Date 04/29/1950 Expiration Date 04/29/2021	

BETSY SMITH 1106 S. GOODMAN ST ROCHESTER, NY 14620	_____	1234
PAY TO THE ORDER OF _____	\$ _____	
Your Bank _____		DOLLARS
Bank City, State, ZIP Code _____		
For _____		
: 222381992 : 65748 1234		

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

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:		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
		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:		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
		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)
<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	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)			
<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) BETSY SMITH

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"/> Section 8 <input type="checkbox"/> Rochester Housing Authority</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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Betsy Smith

BETSY HANDS YOU THE FOLLOWING FORMS:

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

20		XX		PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name BETSY SMITH			Box 2. Beneficiary's Social Security 600-00-6789		
Box 3. Benefits Paid in 2016 \$12,082.00		Box 4. Benefits Repaid to SSA in		Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) \$12,082.00	
DESCRIPTION OF AMOUNT IN BOX 3			DESCRIPTION OF AMOUNT IN BOX 4		
Paid by check or direct deposit \$10,823.00					
Medicare Part B premiums deducted from your benefits \$1,259.00					
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$.00					
Total Additions \$12,082.00					
Benefits for 2016 \$12,082.00			Box 6. Voluntary Federal Income Tax Withheld		
Benefits for 2015			Box 7. Address		
Benefits for 2014			Box 8. Claim Number (use this number if you need to contact SSA) 600-00-6789A		
Benefits for 2013					

Form SSA-1099-SM

Betsy Smith

<input type="checkbox"/> CORRECTED (if checked)		20 XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code MONDELL RETIREMENT SERVICES 21 S. MUNICIPAL ST AGAWAM, MA 01001		1 Gross distribution \$4,550.00	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 Internal Revenue Service	
PAYER'S Federal identification number 73-2255885		2a Taxable amount \$4,550.00		
RECIPIENT'S identification number 600-00-6789		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
RECIPIENT'S name, address, city, state, ZIP code BETSY SMITH 1106 S. GOODMAN ST APT 3 ROCHESTER, NY 14620		3 Capital gain (included in box 2a).	4 Federal income tax withheld	
		5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
		7. Distribution Code(s) 07	IRA/ SEP/ SIMPLE <input checked="" 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 \$250.00	13. State/Payer's state no. NY 732255885	14. State Distribution \$4,550.00
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution
Form 1099-R				

<input type="checkbox"/> CORRECTED (if checked)		20 XX Form 1099-DIV		Dividends and Distributions
PAYER'S name, address, city, state, ZIP code KODAK STOCK BOX 454 ROCHESTER, NY 14603		1 Total Ordinary Dividends \$22.13	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. 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.	
PAYER'S Federal identification number 51-2345679		1b Qualified Dividends \$22.13		
RECIPIENT'S identification number 600-00-6789		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	
RECIPIENT'S name, address, city, state, ZIP code BETSY SMITH 1106 S. GOODMAN ST, APT 3 ROCHESTER, NY 14620		2c Section 1202 gain	2d Collectables (28%) gain	
		3 Nondividend distributions	4 Federal income tax withheld	
		6 Foreign Tax Paid	5 Investment expenses	
		8 Cash liquidation distributions	7 Foreign Country or US possession	
FATCA filing requirement <input type="checkbox"/>		9 Noncash liquidation distribution	11 Specified private activity bond interest dividends	
Account number (see instructions)		10 Exempt-Interest dividends	12 State	13 State Identification no.
			14 State tax withheld	
Form 1099-DIV				

Betsy Smith

SCENARIO 2 –

Betsy remembers that she sold some stock last year in an effort to make ends meet and gives you the following 1099-B statement:

<input type="checkbox"/> CORRECTED			
PAYER'S name, address, city, state, ZIP code ABC INVESTMENTS 456 PIMA PLAZA BINGHAMTON, NY 13690		Applicable Check Box on Form 8949 <div style="text-align: center; font-size: 24pt; font-weight: bold;">20</div> <div style="text-align: center; font-size: 24pt; font-weight: bold;">XX</div> Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
1a Description of Property (Example 100 sh. XYZ Co.) DAKOTA CO COMMON STOCK			
1b Date acquired 09/01/2015		1c Date sold or disposed 02/01/20CY	
PAYER'S Federal identification number 40-2221111	RECIPIENT'S identification number 600-00-6789	1d Proceeds \$2,875.00	1e Cost or other basis \$1,777.00
		1f Code, if any	1g Adjustments
RECIPIENT'S name, address, city, state, ZIP code BETSY SMITH 1106 S GOODMAN ST APT 3 ROCHESTER, NY 14620		2 Type of Gain or loss Short term <input checked="" type="checkbox"/> Long term <input type="checkbox"/>	3 If checked, basis reported to IRS <input checked="" type="checkbox"/>
		4 Federal income tax withheld	5 If checked, noncovered security <input type="checkbox"/>
		6 Reported to IRS Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>
		8 Profit or (loss) realized in 2016 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2015
Account number (see instructions)			
CUSIP number			
14 State Name NY	15 State identification no. 402221111	18 State tax withheld	
		12	12 Bartering
Form 1099-B			

Copy B
For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. 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.

Betsy Smith

<input type="checkbox"/> CORRECTED			
PAYER'S name, address, city, state, ZIP code ABC INVESTMENTS 456 PIMA PLAZA BINGHAMTON, NY 13690		Applicable Check Box on Form 8949 <div style="text-align: center; font-size: 24pt; font-weight: bold;">20</div> <div style="text-align: center; border: 1px solid black; padding: 2px;">XX</div> Form 1099-B	
		Proceeds From Broker and Barter Exchange Transactions	
1a Description of Property (Example 100 sh. XYZ Co.) IOWA CO COMMON STOCK			
1b Date acquired 06/23/2003		1c Date sold or disposed 02/01/20CY	
PAYER'S Federal identification number 40-2221111	RECIPIENT'S identification number 600-00-6789	1d Proceeds \$2,750.00	1e Cost or other basis \$2,234.00
		1f Code, if any	1g Adjustments
RECIPIENT'S name, address, city, state, ZIP code BETSY SMITH 1106 GOODMAN ST APT 3 ROCHESTER, NY 14620		2 Type of Gain or loss Short term <input type="checkbox"/> Long term <input checked="" type="checkbox"/>	3 If checked, basis reported to IRS <input type="checkbox"/>
		4 Federal income tax withheld	5 If checked, noncovered security <input type="checkbox"/>
		6 Reported to IRS Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>
Account number (see instructions)		8 Profit or (loss) realized in 2016 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2015
CUSIP number		10 Unrealized profit or (loss) on open contracts - 12/31/2016	11 Aggregate profit or (loss) on contracts
14 State Name NY	15 State identification no. 402221111	18 State tax withheld	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. 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.
-----		12	
Form 1099-B			

Betsy Smith

She also finds this additional 1099-R form.

You notice that the Taxable Amount Not Determined Box is checked (don't you?)

Betsy tells you she started receiving payments from this pension on March 1 of the tax year.

<input type="checkbox"/> CORRECTED (if checked)		20 XX Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, address, city, state, ZIP code LUCKY RETIREMENT SERVICES 21 S. MUNICIPAL ST AGWAM, MA 01001		1 Gross distribution \$17,500.00	Total Distribution <input type="checkbox"/>		
		2a Taxable amount			
		2b Taxable amount not determined. <input checked="" type="checkbox"/>			
PAYER'S Federal identification number 73-2255886	RECIPIENT'S identification number 600-00-6789	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,750.00		
RECIPIENT'S name, address, city, state, ZIP code BETSY M SMITH 1106 S GOODMAN ST APT 3 ROCHESTER, NY 14620		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		7.Distribution Code(s) 07	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other %	
		9a Your percentage of total distribution %		9b Total Employee Contributions \$12,500.00	
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld \$500.00	13. State/Payer's state no. NY 732255886		
Account number (see instructions)		15. Local tax withheld	16. Name of Locality		
Form 1099-R					

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 Internal Revenue Service