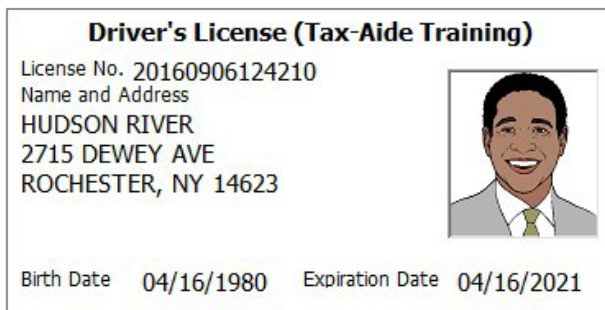


## Client # 8— Hudson River – Adv

### Basic Facts

1. Hudson River presents you with his intake sheets, his ID and Social Security card and his income documents.
2. Complete his Fed and State Return based on the documents presented.
3. He tells you he had Ins through the Market Place for Jan, Feb, Mar and then got Ins through his employer starting May 1. He was not covered in April as he got confused as to when his policy would start through his employer.
4. Mr. River tells you he tried his hand at working for a Ride Share Company. He hands you a 1099-K
5. He hands you a blank check.



**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		b. 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		b. 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				
<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*) \_\_\_\_\_ HUDSON RIVER \_\_\_\_\_

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>IRON</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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# HudsonRiver

HUDSON RIVER 271S DEWEY AVE WCHESTER, NY 14623		1234  _____  \$ _____  DOLLARS
PAY TO THE ORDER OF _____  _____ four Bank Bank City, State, ZIP Code		
@:325070760	!:987123654	1234

a. Employee's social security number 800-00-8901						
b. Employer identification number (EIN) 10-1234567		1. Wages, tips, other compensation \$31,915.00		2. Federal income tax withheld \$3,100.00		
c. Employer's name, address, city state and ZIP Code JACK'S STEAK HOUSE 24 BAUER ST SAN DIEGO, CA 92109		3. Social security wages \$31,915.00		4. Social security tax withheld \$1,978.73		
		5. Medicare wages and tips \$31,915.00		6. Medicare tax withheld \$462.77		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code HUDSON RIVER 2715 DEWEY AVE ROCHESTER, NY 14623		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other		12c.		
		_____ _____ _____		12d.		
15. State NY	Employer's state ID number 101234567	16. State wages, tips, etc. \$31,915.00	17. State income tax \$1,500.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name
Form <b>W-2</b> Wage and Tax Statement <b>20</b> <b>XX</b> Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.						

## Ride Share Information

1099-K

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  UBER OF ROCHESTER 8009 EAST RIDGE ROAD ROCHESTER, NY 14607		FILER'S TIN 38-7002345	OMB No. 1545-2205  <b>2018</b>  Form <b>1099-K</b>	
		PAYEE'S TIN 800-00-8901		
		1a Gross amount of payment card/third party network transactions \$ 5,000.00		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) Electronic Payment Facilitator (EPF)/Other third party	Check to indicate transactions reported are: Payment card Third party network	1b Card Not Present transactions \$	2 Merchant category code	<b>Copy 1 For State Tax Department</b>
		3 Number of payment transactions	4 Federal income tax withheld \$	
PAYEE'S name  HUDSON RIVER  Street address (including apt. no.)  2715 DEWEY AVE  City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14623		5a January \$	5b February \$	
		5c March \$	5d April \$	
PSE'S name and telephone number		5e May \$	5f June \$	
		5g July \$	5h August \$	
Account number (see instructions)		5i September \$ 1,000.00	5j October \$ 2,000.00	
		5k November \$ 2,000.00	5l December \$	
		6 State	7 State identification no.	8 State income tax withheld \$
				\$

He also tells you he received \$200 in tips.

He lists his expenses as follows:

- Bottled water for customers: \$100
- Ride Share Fee: \$400
- GPS Device Fee: \$60
- Dinner while on job: \$300
- 3,000 miles driven transporting customers

He picked up his first customer after his day job. He drove home after his last customer.

He has a 2017 Subaru. He drove 2,000 miles to his job and 7,500 other miles. He put the car in service on 6/1/17 and it is his only vehicle.

Form <b>1095-A</b> Department of the Treasury Internal Revenue Service	<b>Health Insurance Marketplace Statement</b> > Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .	OMB No. 1545-2232 <b>20 XX</b>
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<b>Part I Recipient Information</b>		
1 Marketplace Identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name HUDSON RIVER	5 Recipient's SSN 800-00-8901	6 Recipient's date of birth 04/16/1980
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/20XX	11 Policy Termination Date 03/31/20XX	12 Street Address (including apartment number) 2715 DEWEY AVE
13 City, State, Country and ZIP code		

<b>Part II Coverage Household</b>				
A Covered Individual Name	B Covered Individual SSN	C. Date of	D. Start Date	E. Termination
16 HUDSON RIVER	800-00-8901	04/16/1980	01/01/20XX	03/31/20XX
17				
18				
19				
20				
Form: <b>1095-A</b>				

<b>Part III Household Information</b>			
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax
21 January	\$300.00	\$344.00	\$75.00
22 February	\$300.00	\$344.00	\$75.00
23 March	\$300.00	\$344.00	\$75.00
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals	\$900.00	\$1,032.00	\$225.00
Part III for HUDSON RIVER			Form: <b>1095-A</b>