

## Basic Scenario 9: Monica Montgomery

### Directions

Using the tax software, complete the tax return, including Form 1040 and all appropriate forms, schedules, or worksheets. Answer the questions following the scenario.



When entering Social Security numbers (SSNs) or Employer Identification Numbers (EINs), replace the Xs as directed, or with any four digits of your choice.

### Interview Notes

- Monica is 31 years old and was married to Mike. He passed away on February 2, 2019. Monica has not remarried.
- Monica's daughter Emma lived with her the entire year. Emma receives \$500 a month in Social Security benefits. Each month, \$250 goes into her college fund, and Monica uses \$250 for household expenses. Emma does not provide more than 1/2 of her support.
- Monica paid more than half the cost of keeping up a home.
- Monica received a distribution from her traditional IRA in January to pay for living expenses.
- Monica was a full-time high school teacher and earned \$42,000 in wages. Monica purchased supplies including masks and hand sanitizer for her class out of her own pocket totaling \$450.
- Monica received a W-2G in the amount of \$10,000 for a big win she had while visiting Biloxi..
- Monica paid child and dependent care expenses for Emma while she worked.
- Monica and Emma are U.S. citizens and have valid Social Security numbers. They lived in the United States for the entire year.
- If Monica is entitled to a refund, she would like to deposit half into her checking account and half into her savings account. Documents from Adelphi Bank and Trust show that the routing number for both accounts is 111000025. Her savings account number is 224466880.



## Intake/Interview & Quality Review Sheet

**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 1-4 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 MONICA	M.I.	Last name MONTGOMERY	Best contact number YOUR PHONE NUMBER	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Best contact number YOUR PHONE NUMBER	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 178 PACKER DRIVE		Apt #	City YOUR CITY	State YS      ZIP code YOUR ZIP
4. Your Date of Birth 02/14/1991	5. Your job title TEACHER		6. Last year, were you:	
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				c. Legally blind <input type="checkbox"/> Yes <input checked="" 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		a. Full-time student <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 checked="" 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 checked="" type="checkbox"/> No				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

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

1. As of December 31, 2022, what was your marital status?     Never Married    (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married    a. If Yes, Did you get married in 2022?     Yes     No

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

Legally Separated    Date of separate maintenance decree    \_\_\_\_\_

Widowed    Year of spouse's death    02/02/2019

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 last year (yes/no)	Single or Married as of 12/31/22 (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,n/a)	Did this person have less than \$4,400 of income? (yes,no,n/a)	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)					
EMMA MONTGOMERY	01/21/2014	DAUGH	12	YES	YES	S	YES	NO	NO	NO	YES	N/A	YES

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) <b>If yes, how many jobs did you have last year?</b> <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? <b>If yes, do you have the recipient's SSN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? <b>If yes, for which tax year?</b> _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? <b>If so how much?</b> _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

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**Additional Information and Questions Related to the Preparation of Your Return**

- 1. Would you like to receive written communications from the IRS in a language other than English?  Yes  No If yes, which language? \_\_\_\_\_
- 2. 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
- 3. 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
- 4. If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No
- 5. Did you live in an area that was declared a Federal disaster area?  Yes  No If yes, where? \_\_\_\_\_
- 6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  Yes  No
- 7. Would you like information on how to vote and/or how to register to vote?  Yes  No

**Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.**

- 8. 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
- 9. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer
- 10. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
- 11. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer
- 12. Your race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer
- 13. Your spouse's race?  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer  
 No spouse
- 14. Your ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer
- 15. Your spouse's ethnicity?  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer  No spouse

Additional comments

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**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

Forms W-2 & W-2G

<b>a</b> Employee's social security number 141-00-XXXX		Safe, accurate, <b>FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>		OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 38-5XXXXXX		<b>1</b> Wages, tips, other compensation \$42,000.00		<b>2</b> Federal income tax withheld \$2,568.00			
<b>c</b> Employer's name, address, and ZIP code  WILCOX SCHOOL DISTRICT 1200 MAIDEN LANE YOUR CITY, YOUR STATE, ZIP		<b>3</b> Social security wages \$42,000.00		<b>4</b> Social security tax withheld \$2,604.00			
		<b>5</b> Medicare wages and tips \$42,000.00		<b>6</b> Medicare tax withheld \$609.00			
		<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial      Last name      Suff.  MONICA MONTGOMERY 178 PACKER DRIVE YOUR CITY, YOUR STATE, ZIP		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12			
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
		<b>14</b> Other		<b>12c</b>			
				<b>12d</b>			
<b>f</b> Employee's address and ZIP code							
<b>15</b> State      Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name		

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury—Internal Revenue Service

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

<input type="checkbox"/> CORRECTED (if checked)				OMB No. 1545-0238	
PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  LUCKY STRIKE CASINO 777 CREST ROAD BILOXI, MS 39530		<b>1</b> Reportable winnings \$ 10,000.00	<b>2</b> Date won 3/16/2022	<b>Form W-2G</b> <b>Certain Gambling Winnings</b> <small>(Rev. January 2021)</small> For calendar year 20 <u>22</u>	
		<b>3</b> Type of wager Slots	<b>4</b> Federal income tax withheld \$ 2,400.00		
<b>5</b> Transaction	<b>6</b> Race	<b>7</b> Winnings from identical wagers \$	<b>8</b> Cashier TM		
<b>9</b> Winner's taxpayer identification no. 141-00-XXXX	<b>10</b> Window	<b>11</b> First identification YS987654	<b>12</b> Second identification YS 31600XXX		
PAYER'S federal identification number 38-6XXXXXX	PAYER'S telephone number	<b>13</b> State/Payer's state identification no.	<b>14</b> State winnings \$	<b>Copy B</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.</b>	
WINNER'S name MONICA MONTGOMERY	Street address (including apt. no.) 178 PACKER DRIVE	<b>15</b> State income tax withheld \$	<b>16</b> Local winnings \$		
City or town, province or state, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP	<b>17</b> Local income tax withheld \$	<b>18</b> 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 <b>W-2G</b> (Rev. 1-2022)		www.irs.gov/FormW2G		Department of the Treasury - Internal Revenue Service	

Forms 1099-R & 1098-E

<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.  <b>HOUSTON STATE BANK</b> <b>1500 MAIDEN LANE</b> <b>YOUR CITY, YOUR STATE, ZIP</b>				<b>1</b> Gross distribution \$ <b>6,000.00</b>		OMB No. 1545-0119  <div style="font-size: 2em; font-weight: bold;">2022</div> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</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.</b>  This information is being furnished to the IRS.					
				<b>2a</b> Taxable amount \$ <b>6,000.00</b>								<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
				PAYER'S TIN  38-2XXXXXX								RECIPIENT'S TIN  141-00-XXXX	
RECIPIENT'S name  <b>MONICA MONTGOMERY</b>  Street address (including apt. no.)  <b>178 PACKER DRIVE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, ZIP</b>				<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$							
				<b>7</b> Distribution code(s) 1		IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	<b>8</b> Other \$ %						
				<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$							
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> FATCA filing requirement <input type="checkbox"/>	<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no.		<b>16</b> State distribution \$					
Account number (see instructions)			<b>13</b> Date of payment	<b>17</b> Local tax withheld \$		<b>18</b> Name of locality		<b>19</b> Local distribution \$					
Form <b>1099-R</b> <span style="margin-left: 200px;">www.irs.gov/Form1099R</span> <span style="float: right;">Department of the Treasury - Internal Revenue Service</span>													

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED																	
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>MAGGIE MAE</b> <b>854 LINCOLN RD</b> <b>YOUR CITY, YOUR STATE, ZIP</b>						OMB No. 1545-1576  <div style="font-size: 2em; font-weight: bold;">2022</div> Form <b>1098-E</b>		<b>Student Loan Interest Statement</b>  <b>Copy C</b> <b>For Recipient</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2022 General Instructions for Certain Information Returns.</b>									
												RECIPIENT'S TIN  20-7XXXXXX		BORROWER'S TIN  141-00-XXXX		<b>1</b> Student loan interest received by lender \$ <b>375.00</b>	
												BORROWER'S name  <b>MONICA MONTGOMERY</b>  Street address (including apt. no.)  <b>178 PACKER DRIVE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, ZIP</b>				<b>2</b> Check if box 1 does <b>not</b> include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004 <input type="checkbox"/>	
Account number (see instructions)																	
Form <b>1098-E</b> <span style="margin-left: 200px;">www.irs.gov/Form1098E</span> <span style="float: right;">Department of the Treasury - Internal Revenue Service</span>																	

Daycare Statement & Voided Check

Make A Way Daycare  
303 Twiggs Trail  
Your City, State Zip  
(XXX) 555-5555



**Date:** December 31, 2022

**Received From:**  
Monica Montgomery  
178 Packer Drive

**EIN:** 38-5XXXXXX  
**Provider:** Lynn Smith

Description	Price	Total
After-School Care for Emma Montgomery	\$3,000	\$3,000
<b>Total Amount Received for 2022 Childcare</b>		<b>\$3,000</b>

Thank you for your business!

**Monica Montgomery** 1234  
178 Packer Dr  
YOUR CITY, STATE, ZIP

PAY TO THE ORDER OF \_\_\_\_\_ 20 \_\_\_\_\_ \$  DOLLARS

Adelphia Bank and Trust  
Anytown, State 00000

For \_\_\_\_\_

: 111000025 : 123456789 1234

**VOID**