


## Advanced Scenario 8: Julia Oakley

### 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

- Julia is a data entry clerk, age 26, and single.
- Julia has investment income and a consolidated broker's statement.
- Julia is self-employed delivering groceries for Quick Market on the weekends. She received a Form 1099-NEC and a Form 1099-K. She received additional cash payments of \$535.
- Julia uses the cash method of accounting. She uses business code 492000.
- Julia provided a statement from the grocery delivery service indicating the fees paid for the year. These fees are considered ordinary and necessary for the grocery delivery business:
  - \$150 for insulated box rental
  - \$50 for vehicle safety inspection (required by Quick Market)
  - \$600 for Quick Market fees
- Julia also kept receipts for the following out-of-pocket expenses:
  - \$80 for business parking
  - \$300 for speeding ticket
  - \$160 for Julia's lunches
- Julia's record keeping application shows she has driven a total of 2,500 miles during and between deliveries.
  - She placed her only vehicle, an SUV, in service on 3/15/2020. The total mileage on her SUV for tax year 2023 was 12,000 miles. Of that, 9,500 miles were personal and commuting miles. Julia will take the standard business mileage rate.
- Julia is paying off her student loan from 2017, when she completed her undergraduate degree.
- Julia is working towards her Master of Education degree to start a new career as an Associate Professor. She took a few college courses this year at an accredited college.
- Julia took an early distribution of \$3,000 from her IRA in April. She used \$2,400 of the IRA distribution to pay her educational expenses for the current year.
- If Julia has a refund, she would like it deposited into her checking account.



# Intake/Interview and 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 JULIA	M.I. OAKLEY	Last name OAKLEY	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	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 159 ARCHER AVENUE	Apt #	City YOUR CITY	State YS	ZIP code YOUR ZIP
4. Your Date of Birth 3/07/1997	5. Your job title DATA ENTRY CLERK	6. Last year, were you:		
		a. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. 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:		
		a. 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, 2023, 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 2023?  Yes  No

Divorced b. Did you live with your spouse during any part of the last six months of 2023?  Yes  No

Legally Separated Date of final decree \_\_\_\_\_

Widowed Date of separate maintenance decree \_\_\_\_\_

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 last year (yes/no)	Single or Married as of 1/23/1/23 (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 \$4,700 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)					

Check appropriate box for each question in each section

		Part III – Income – Last Year, Did You (or Your Spouse) Receive	
Yes	No	Unsure	If yes, how many jobs did you have last year? <u>1</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2)
<input checked="" type="checkbox"/>	<input 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 checked="" 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input checked="" 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 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"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input checked="" type="checkbox"/>	<input 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? If yes, for which tax year? _____
<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? If so how much? _____
<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]

**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
  - 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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>FREEDOM BANK, CUSTODIAN FOR TRADITIONAL IRA OF JULIA OAKLEY 300 MARIN STREET YOUR CITY, YOUR STATE, ZIP</b>		1 Gross distribution \$ <b>3,000.00</b> 2a Taxable amount \$ <b>3,000.00</b>	OMB No. 1545-0119  <b>2023</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
PAYER'S TIN  <b>48-200XXXX</b>	RECIPIENT'S TIN  <b>605-00-XXXX</b>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ <b>300.00</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.	
RECIPIENT'S name  <b>JULIA OAKLEY</b>  Street address (including apt. no.)  <b>159 ARCHER AVENUE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, ZIP</b>		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) <b>1</b>		8 Other \$ %
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	9a Your percentage of total distribution %		9b Total employee contributions \$
Account number (see instructions)		13 Date of payment	14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$
		17 Local tax withheld \$	18 Name of locality	19 Local distribution \$		

Form **1099-R** [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury - Internal Revenue Service

a Employee's social security number <b>605-00-XXXX</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN) <b>35-700XXX</b>		1 Wages, tips, other compensation <b>\$40,200.00</b>	2 Federal income tax withheld <b>\$3,100.00</b>		
c Employer's name, address, and ZIP code  <b>WE WIN INC. 200 VENTURA BLVD YOUR CITY, YOUR STATE, ZIP</b>		3 Social security wages <b>\$41,200.00</b>	4 Social security tax withheld <b>\$2,554.40</b>		
		5 Medicare wages and tips <b>\$41,200.00</b>	6 Medicare tax withheld <b>\$597.40</b>		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Last name Suff.		11 Nonqualified plans	12a See instructions for box 12 <b>D \$1,000</b>		
<b>JULIA OAKLEY 159 ARCHER BLVD YOUR CITY, YOUR STATE, ZIP</b>		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other	12c		
			12d		
f Employee's address and ZIP code	15 State Employer's state ID number <b>YS 57-200XXX</b>	16 State wages, tips, etc. <b>\$40,200.00</b>	17 State income tax <b>\$800.00</b>	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2 Wage and Tax Statement** **2023** 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.



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. QUICK MARKET 123 LILAC AVENUE YOUR CITY, YOUR STATE, ZIP			OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>23</u>	<b>Nonemployee Compensation</b>
PAYER'S TIN 63-400XXXX	RECIPIENT'S TIN 605-00-XXXX	<b>1</b> Nonemployee compensation \$ 1,000		<b>Copy B For Recipient</b> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name JULIA OAKLEY  Street address (including apt. no.) 159 ARCHER AVENUE  City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		<b>2</b> Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>  <b>3</b>		
Account number (see instructions)		<b>4 Federal income tax withheld</b> \$		
Account number (see instructions)		<b>5</b> State tax withheld \$	<b>6</b> State/Payer's state no. \$	
				<b>7</b> State income \$
Form <b>1099-NEC</b> (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service				

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. QUICK MARKET 123 LILAC AVENUE YOUR CITY, YOUR STATE, ZIP			OMB No. 1545-2205 Form <b>1099-K</b> (Rev. January 2022) For calendar year 20 <u>23</u>	<b>Payment Card and Third Party Network Transactions</b>
FILER'S TIN 63-400XXXX		PAYEE'S TIN 605-00-XXXX		<b>Copy B For Payee</b> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		
PAYEE'S name JULIA OAKLEY  Street address (including apt. no.) 159 ARCHER AVENUE  City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP		<b>1a</b> Gross amount of payment card/third party network transactions \$ 7,625.00		
PSE'S name and telephone number		<b>1b</b> Card Not Present transactions \$		
Account number (see instructions)		<b>2</b> Merchant category code		<b>4 Federal income tax withheld</b> \$
Account number (see instructions)		<b>3</b> Number of payment transactions 325		<b>5a</b> January \$ 600.00
Account number (see instructions)		<b>5b</b> February \$ 750.00		<b>5c</b> March \$ 800.00
Account number (see instructions)		<b>5d</b> April \$ 775.00		<b>5e</b> May \$ 600.00
Account number (see instructions)		<b>5f</b> June \$ 350.00		<b>5g</b> July \$ 400.00
Account number (see instructions)		<b>5h</b> August \$ 450.00		<b>5i</b> September \$ 650.00
Account number (see instructions)		<b>5j</b> October \$ 700.00		<b>5k</b> November \$ 800.00
Account number (see instructions)		<b>5l</b> December \$ 750.00		<b>6</b> State \$
Account number (see instructions)		<b>7</b> State identification no. \$		<b>8</b> State income tax withheld \$
Form <b>1099-K</b> (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service				

**Note:** She also received \$535 in cash payments per the interview notes.

**XYZ Investments**

456 Pima Plaza  
Your City, YS, ZIP

**2023 TAX REPORTING STATEMENT**

JULIA OAKLEY  
159 Archer Avenue  
Your City, YS, ZIP  
Account No. 111-222  
Recipient ID No. 605-00-XXXX  
Payer's Fed ID Number: 40-200XXXX

**Form 1099-DIV\* 2023 Dividends and Distributions**

Copy B for Recipient (OMB NO. 1545-0110)

1a	Total Ordinary Dividends	300.00
1b	Qualified Dividends	225.00
2a	Total Capital Gain Distributions (Includes 2b- 2d)	350.00
2b	Capital Gains that represent Unrecaptured 1250 Gain	0.00
2c	Capital Gains that represent Section 1202 Gain	0.00
2d	Capital Gains that represent Collectibles (28%) Gain	0.00
2e	Section 897 Ordinary Dividends	0.00
2f	Section 897 Capital Gains	0.00
2	Nondividend Distributions	0.00
3	Nondividend Distributions	0.00
4	<b>Federal Income Tax Withheld</b>	0.00
5	Section 199A Dividends	32.00
6	Investment Expenses	0.00
7	Foreign Tax Paid	0.00
8	Foreign Country or U.S. Possession	0.00
9	Cash Liquidation Distributions	0.00
10	Noncash Liquidation Distributions	0.00
11	Exempt-Interest Dividends	0.00
12	Specified Private Activity Bond Interest Dividends	0.00
13	State	0.00
14	State Identification No.	0.00
15	State Tax Withheld FATCA Filing Requirement	<input type="checkbox"/>

**Form 1099-MISC\* 2023 Miscellaneous Income**

Copy B for Recipient (OMB NO. 1545-0115)

2	Royalties	0.00
4	Federal Income Tax Withheld	0.00
8	Substitute Payments in Lieu of Dividends or Interest	0.00
16	State Tax Withheld	0.00
17	State/ Payer's State No.	
18	State Income	0.00

**Form 1099-INT\* 2023 Interest Income**

Copy B for Recipient (OMB NO. 1545-0112)

1	Interest Income	15.00
2	Early Withdrawal Penalty	0.00
3	Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4	Federal Income Tax Withheld	0.00
5	Investment Expenses	0.00
6	Foreign Tax Paid	0.00
7	Foreign Country or U.S. Possession	0.00
8	Tax-Exempt Interest	0.00
9	Specified Private Activity Bond Interest	0.00
14	Tax-Exempt Bond CUSIP No.	

**Summary of 2023 Proceeds From Broker and Barter Exchange Transactions**

Sales Price of Stocks, Bonds, etc.	6,100.00
Federal Income Tax Withheld	0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement. Report gross proceeds individually for each security on the appropriate IRS tax return. Do not report gross proceeds in aggregate.



**XYZ Investments**456 Pima Plaza  
Your City, YS, ZIP**2023 TAX REPORTING STATEMENT**JULIA OAKLEY  
159 Archer Avenue  
Your City, YS, ZIP  
Account No. 111-222  
Recipient ID No. 605-00-XXXX  
Payer's Fed ID Number: 40-200XXXX**FORM 1099-B\* 2023 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

**Short-term transactions for which basis is reported to the IRS**Report on Form 8949 with Box A checked and/or Schedule D, Part I  
(This Label is a Substitute for Boxes 1c & 6)**8** Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	<b>1b</b> Date Acquired	<b>1c</b> Date sold disposed	<b>1a</b> Quantity Sold	<b>1d</b> Proceeds	<b>1e</b> Cost or Other Basis	Gain / Loss (-)	<b>1g</b> Wash Sale Loss Disallowed	<b>4</b> Federal Income Tax Withheld	<b>14</b> State Withheld	<b>15</b> State Tax Withheld
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**Iowa Co. Common Stock**

Sale	01/20/2023	10/31/2023	200.000	2,000.00	2,750.00	(750.00)				
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<b>TOTALS</b>				2,000.00	<b>2,750.00</b>					
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**FORM 1099-B\* 2023 Proceeds from Broker and Barter Exchange Transactions**

Copy B for Recipient OMB NO. 1545-0715

**Long-term transactions for which basis is not reported to the IRS**Report on Form 8949 with Box E checked and/or Schedule D, Part II  
(This Label is a Substitute for Boxes 1c & 6)**8** Description, **1d** Stock or Other Symbol, CUSIP (IRS Form 1099-B box numbers are shown below in bold type)

Action	<b>1b</b> Date Acquired	<b>1c</b> Date sold disposed	<b>1a</b> Quantity Sold	<b>1d</b> Proceeds	<b>1e</b> Cost or Other Basis	Gain / Loss (-)	<b>1g</b> Wash Sale Loss Disallowed	<b>4</b> Federal Income Tax Withheld	<b>14</b> State Withheld	<b>15</b> State Tax Withheld
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**Iowa Co. Common Stock**

Sale	10/12/2008	10/31/2023	200.000	4,100.00	2,000.00	2,100.00				
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<b>TOTALS</b>				<b>4,100.00</b>	<b>2,000.00</b>					
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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.

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<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-1576	<b>2023</b>	Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>FINANCIAL AID PARTNERS 2 305 WASHINGTON DR YOUR CITY, YOUR STATE, ZIP</b>					
RECIPIENT'S TIN <b>38-800XXXX</b>	BORROWER'S TIN <b>605-00-XXXX</b>	<b>1</b> Student loan interest received by lender \$ <b>3,250.00</b>		<b>Copy C For Recipient</b>	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2023 General Instructions for Certain Information Returns.</b>
BORROWER'S name <b>JULIA OAKLEY</b>					
Street address (including apt. no.) <b>159 ARCHER AVENUE</b>					
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, ZIP</b>					
Account number (see instructions)		<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"/>			
Form <b>1098-E</b>		www.irs.gov/Form1098E		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED		OMB No. 1545-1574	<b>2023</b>	Form <b>1098-T</b>	<b>Tuition Statement</b>
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>MAVERICK COLLEGE 10 COLLEGE AVENUE YOUR CITY, YOUR STATE, ZIP</b>		<b>1</b> Payments received for qualified tuition and related expenses \$ <b>2,400.00</b>			
FILER'S employer identification no. <b>37-700XXXX</b>	STUDENT'S TIN <b>605-00-XXXX</b>	<b>3</b>		<b>Copy B For Student</b>	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
STUDENT'S name <b>JULIA OAKLEY</b>		<b>4</b> Adjustments made for a prior year \$	<b>5</b> Scholarships or grants \$		
Street address (including apt. no.) <b>159 ARCHER AVENUE</b>		<b>6</b> Adjustments to scholarships or grants for a prior year \$	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2024 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code <b>YOUR CITY, YOUR STATE, ZIP</b>		<b>8</b> Checked if at least half-time student <input type="checkbox"/>	<b>9</b> Checked if a graduate student <input checked="" type="checkbox"/>		
Service Provider/Acct. No. (see instr.)		<b>10</b> Ins. contract reimb./refund \$			
Form <b>1098-T</b>		(keep for your records)    www.irs.gov/Form1098T		Department of the Treasury - Internal Revenue Service	

**Julia Oakley**  
159 Archer Avenue  
YOUR CITY, STATE, ZIP

1234

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PAY TO THE  
ORDER OF

\$

DOLLARS

Adelphia Bank and Trust  
Anytown, State 00000

For

: 111000025 : 123456789

1234

VOID