

Dano, Royal & Chase, Barbie

Notes

For Office Use Only		CHECKLIST	
		<input type="checkbox"/> Requested	<input type="checkbox"/> Accepted
<input checked="" type="radio"/> A 		<input type="checkbox"/> B 	
Date:	1/19		
Off-Site Location:		<input type="checkbox"/> Drop-off	
Date:	1/19	<input type="checkbox"/> In-Person	
		ACTIVITY	
		<input type="checkbox"/> All in Take Forms & Tax Info <small>Completed/reviewed & signed for my signature</small>	
		Taxes PREPARED	
		<input type="checkbox"/> EC-ETC	
		Quality REVIEWED	
		Appointment scheduled <small>for 1/19 about 5:00pm/6:00pm</small>	
		Date & Time	
		DISCUSSION completed <small>tax return w/ client(s) 12</small> <small>inside front door</small> <small>and/or conference call with client(s) via phone</small>	
		<input type="checkbox"/> Financial Coaching <small>recommended</small> <input type="checkbox"/> AMENDMENT <small>1/19 or sooner if necessary</small> <small>to update the original return</small>	
		VERIFY <small>original client contact address, copy deposit, client's bank & receives copy</small>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>1/20 or later</small>	
		AMENDMENT <small>1/19 or sooner if necessary</small> <small>to update the original return</small>	
		TAXES FILED <small>1/19 or later</small> PAPER HUNG <small>1/19 or later</small>	

Welcome to PEACE, Inc. Free Tax Prep

We are here to prepare and e-file your tax return for FREE. *From February to April 15th, we prepare 2025 tax returns only.* Just a reminder that your total household income must be **\$69,000 or less** to qualify for the service.

Enclosed in this folder is a packet of required information that needs to be filled out. Be sure to **answer all questions**. Do not leave items blank.

Completely fill out the following forms.

This stapled packet includes:

- Direct deposit information* (below) - Required
- Supplemental Intake Form - Required
- New York State TP-301 (2 pages) - Required
- Customer Feedback - optional

13614-C Intake/Interview & Quality Review Sheet (yellow – English/green-Spanish) - Required

- Complete page one (personal information)
- Inside pages 2-3 – complete the left side only
- Sign the back page

14446 – Virtual Taxpayer Consent – Required if a drop-off site (most of our sites)

- You must sign the second page to allow us to prepare your taxes without you being present.

***ALERT NEW IRS REGULATION as of September 30, 2025**

The IRS is phasing out paper checks. If you do not provide direct deposit information prior to e-filing, your refund could be held up for an additional 45 days. The IRS will send you a letter to have you provide this information. It is best to give banking, prepaid debit card, or digital wallet (Venmo, CashApp, PayPal) information prior to e-filing to receive your tax return without delay.

Direct Deposit Information

***If you supplied a letter from the bank or a copy of a check for us to copy,
you do not need to complete this form.***

Your Name: Royal Dano DOB: 2/4/68

Bank Name: My bank

Checking Account

Savings Account:

Bank Routing #: (9 digits) 221000123

Account #: 1234567890

2026 Free Tax Prep - Supplemental Intake Form

This is a required questionnaire used to collect demographic data that helps us continue funding for this **FREE** service.

MUST answer **ALL** questions. Information is **NOT** Shared with the IRS.

Today's Date: 7/19

First Name <u>Royal</u>	Last Name <u>Dano</u>	Date of Birth <u>2/4/68</u>	
Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Email	Phone Number (Daytime) <u>315-680-1234</u> Is this a cell? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Can we text you about your taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Bi-racial/Multi-racial	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other	
Hispanic or Latino	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Disabled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	(please list)	
Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Never	Receiving SNAP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Insurance (Check all that apply for your family)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Employer Based <input type="checkbox"/> Military Health Care	<input type="checkbox"/> Medicaid (Income based) <input checked="" type="checkbox"/> Medicare (seniors/disabled)	<input type="checkbox"/> State Health Insurance for Adults (Exchange/Marketplace) <input type="checkbox"/> State Children's Health Insurance
Highest Level of Education	<input type="checkbox"/> 0-8th grade <input type="checkbox"/> 9-12th/Non-Graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate	<input type="checkbox"/> 12+ Some Post-Secondary (Trade School) <input type="checkbox"/> Graduate of Post-Secondary School (Trade School)	<input type="checkbox"/> Some college (but no degree) <input checked="" type="checkbox"/> College graduate: (2 yr, 4 yr, or Graduate Degree)
Work Status (Check all that apply)	<input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time	<input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed (Less than 6 Months) <input type="checkbox"/> Unemployed (More than 6 months)	<input checked="" type="checkbox"/> Retired <input type="checkbox"/> Migrant/Seasonal Worker
County <u>Oswego</u>	School District <u>Syracuse</u>		
Family Size	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more		
Family Household Type	<input type="checkbox"/> Single Person <input checked="" type="checkbox"/> Two Parents <input type="checkbox"/> Multigenerational	<input type="checkbox"/> Single Parent Female (with child/children) <input type="checkbox"/> Single Parent Male (with child/children)	<input type="checkbox"/> Two or More Adults (No children) <input type="checkbox"/> Other
Family Housing Type	<input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own	<input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other Permanent Housing	<input type="checkbox"/> Homeless <input type="checkbox"/> SHA <input type="checkbox"/> Other
Marital Status (as of 12/31/23)	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married (living separately)	<input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow(er)
If married, are you filing jointly with your spouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Optional Referral: Would you like to be contacted for the following free services:			
Help navigating health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Financial Counseling/Debt reduction <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like to volunteer at our Free Tax Prep program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Intake/Interview and Quality Review Sheet

You will need:

- Tax information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or TIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.
- Complete pages 1-3 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 voltax@irs.gov.

Your first name	M.I.	Last name	Your date of birth	Your job title
Royal		Dao	24/1968	Retired
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title
Bethanie		Chase	012/17/72	Book Examiner / Librarian
Mailing address	Apt #	City	State	
218 S Salina St		Suratwase	IN	
Your telephone number	Spouse's telephone number			
315-1660-1324	315-1660-1324			
Email address (optional)				

Can anyone else claim you or your spouse on their tax return	
Check if you or your spouse were in 2025:	
A U.S. citizen	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
In the U.S. on a visa	<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
A full-time student	<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
 Legally blind	
Legally blind	
Totally and permanently disabled	
Issued an identity protection PIN (IPPIN)	
Owners or holders of any digital assets	
 Yes	
No	

If due a refund , how would you like your refund	<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail
	<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____
If you have a balance due , how would you like to make your payment		
<input type="checkbox"/> Bank account		
<input type="checkbox"/> Set up installment agreement		
<input type="checkbox"/> IRS.gov Direct Pay		
<input checked="" type="checkbox"/> Mail payment to IRS		

Would you like to receive written communications from the IRS in a language other than English
What language _____

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> No
As of December 31, 2025, what was your marital status	<input checked="" type="checkbox"/> Married If married, were you married on the last day of the year <input type="checkbox"/> Divorced Did you and your spouse live apart all of the last 6 months of the year <input type="checkbox"/> Legally Separated but not Divorced Date of separate maintenance decree <input type="checkbox"/> Widowed Year of spouse's death		
<input type="checkbox"/> Never Married			

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Qualifying child or relative of any other person	This person provided more than 50% of their own support	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person
Mary Chinese	10/14/24	Daughter	12	S	Y	Y	Y	N	N	Y	Y	Y

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:

(B) Wages as a part-time or full-time employee
How many jobs 1

(B/A) Tips (B/A) Tips (Basic when reported on W2) # 1

(B/A) Retirement account, pension or annuity proceeds (B/A) 1099-R (Basic when taxable amount is reported) # 1

(B) Disability benefits (such as payments from insurance and worker's compensation) (A) Qualified Charitable Distribution From 1099-R \$ 1

(B) Disability benefits (such as payments from insurance and worker's compensation) (B) Disability benefits on 1099-R or W-2 # 1

(B) Social Security or Railroad Retirement Benefits (B) SSA-1099-RRB-1099 # 1

(B) Unemployment benefits (B) 1099-G # 1

(B) Refund of state or local income tax (B) Refund \$ 1

(B) Itemized last year (B) Itemized last year # 1

(B) Interest or dividends (bank account, bonds, etc.) (B) 1099-INT # 1

(A) Sale of stocks, bonds or real estate (A) 1099-B (include brokerage statement) # 1

Did you report a loss on last year's return Yes No Capital loss carryover Yes No

(B) Alimony (B) Alimony \$ 1

Excluded from income Yes No

(A/M) Income from renting out your house or a room in your house (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) # 1

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days Yes No Rental expense \$ 1

Income from renting personal property such as a vehicle (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # 1

(B) Gambling winnings, including lottery (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # 1

(A) Payments for contract or self-employment work (A) Schedule C # 1

Did you report a loss on last year's return Yes No 1099-MISC # 1

1099-NEC 1099-K # 1

Other income reported elsewhere Schedule C expenses \$ 1

Schedule C expenses \$ 1

Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits) Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)

(To be completed by certified volunteer) Income to be included Notes/Comments

(B) W-2s # 1

(B/A) Tips (B/A) Tips (Basic when reported on W2) # 1

(B/A) Retirement account, pension or annuity proceeds (B/A) 1099-R (Basic when taxable amount is reported) # 1

(A) Qualified Charitable Distribution From 1099-R \$ 1

(B) Disability benefits (such as payments from insurance and worker's compensation) (B) Disability benefits on 1099-R or W-2 # 1

(B) SSA-1099-RRB-1099 # 1

(B) 1099-G # 1

(B) Refund \$ 1

(B) Itemized last year # 1

(B) 1099-INT # 1

(A) 1099-B (include brokerage statement) # 1

Capital loss carryover Yes No

(B) Alimony \$ 1

Excluded from income Yes No

(A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) # 1

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days Yes No Rental expense \$ 1

Income from renting personal property such as a vehicle (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # 1

(B) Gambling winnings, including lottery (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # 1

(A) Payments for contract or self-employment work (A) Schedule C # 1

Did you report a loss on last year's return Yes No 1099-MISC # 1

1099-NEC 1099-K # 1

Other income reported elsewhere Schedule C expenses \$ 1

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	<input checked="" type="checkbox"/> Very well <input type="checkbox"/> Very well <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Well <input type="checkbox"/> Well <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Not well <input type="checkbox"/> Not well <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not at all <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)			
3. Do you or any member of your household have a disability	<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			
5. What is your race and/or ethnicity? Select all that apply	<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			
	<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			
	<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			
	<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			
	<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			
	<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			
	<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			
	<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			
	<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			
	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)			
	<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			
	<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			
	<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			
	<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			
	<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			
	<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24-030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

**Consent to Disclose Tax Return Information to
VITA/TCE Tax Preparation Sites****Federal Disclosure:**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populated with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2027.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

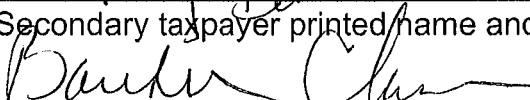
Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2027). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature 	Date 1/19/28
Secondary taxpayer printed name and signature 	Date 1/19/28

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

Part III: Taxpayer Consents:**Request to Review your Tax Return for Accuracy:**

To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

Yes No

The question above is an audit on our site to ensure we are following procedures. This is NOT an audit on you. Please answer YES to allow or NO not to allow.

Virtual Consent Disclosure:

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov. While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal property.

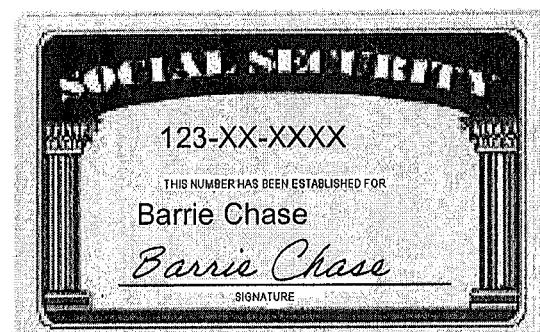
I agree to use this site's Virtual VITA/TCE Process

Yes No

If you want your taxes completed at this drop off site, you must answer YES to the question above. Without a check in the YES box, or no answer at all, we cannot prepare your tax return. You also must sign below.

Printed name	Printed name (spouse if married filing joint)		
Royal Dano	Barbara Chase		
Date of birth	Date	Date of birth	Date
	4/19/26		4/19/26
Telephone number	Telephone number		
Email address	Email address		
Signature (type/print)	Signature (type/print)		
Royal Dano	Barbara Chase		

All documents are samples/examples of tax forms
for training only



Royal's NYS Driver's License 229 123 456
issued: 11/5/22
Expires: 11/5/27
Doc #:LGG

Barbie's NYS Driver's License 456 825 201
Issued: 7/22/24
Expired: 7/22/29
Doc #: 2Y3

a Employee's social security number	Safe, accurate,  Visit the IRS website at www.irs.gov/efile		
OMB No. 1545-0008			FASTI Use
b Employer identification number (EIN) 13-2624428	1 Wages, tips, other compensation 20600	2 Federal income tax withheld 1536	
c Employer's name, address, and ZIP code CHASE BANK NA 216 SOUTH SALINA STREET SYRACUSE, NEW YORK 13202	3 Social security wages 16400	4 Social security tax withheld 1545	
	5 Medicare wages and tips 16400	6 Medicare tax withheld 502	
	7 Social security tips 8 Allocated tips		
d Control number 9	10 Dependent care benefits		
e Employee's first name and initial BARRIE	Last name CHASE	Suff.	11 Nonqualified plans 12a See instructions for box 12 D 1000
290 SOUTH SALINA STREET SYRACUSE, NEW YORK 13202			12b DD 3200
			12c W 2000
			12d
f Employee's address and ZIP code			
15 State Employer's state ID number NY 132624428	16 State wages, tips, etc. 20600	17 State income tax 924	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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

2025

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"/> VOID <input type="checkbox"/> CORRECTED				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1. Gross distribution \$ 21000	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
U.S. OFFICE OF PERSONAL MANAGEMENT 1900 EAST STREET, NW WASHINGTON, D.C. 20415-1000 ANNUITY RETIREMENT		2a Taxable amount \$	2025	Form 1099-R
		2b. Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy 1 For State, City, or Local Tax Department
PAYER'S TIN 52-6083699	RECIPIENT'S TIN 456-XX-XXXX	3. Capital gain (included in box 2a) \$	4. Federal income tax withheld \$ 3150	
RECIPIENT'S name ROYAL DANO		5. Employee contributions/Designated Roth contributions or insurance premiums \$	6. Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 218 SOUTH SALINA STREET		7. Distribution code(s) 3 <input type="checkbox"/> IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	8. Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13202		9a. Your percentage of total distribution %	9b. Total employee contributions \$ 800	
10. Amount allocable to IRR (within 5 years) \$	11. 1st year of designation Both contrib \$	12. FATCA filing requirement <input type="checkbox"/>	14. State tax withheld \$ 0	15. State/Payer's state no. NY 526083699 \$
Account number (see instructions)	13. Date of payment 1/1/2025		17. Local tax withheld \$	16. State distribution \$ 21000
			18. Name of locality \$	19. Local distribution \$

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

UBER Technologies Inc.
1455 Market St
San Francisco, CA 94103

OMB No. 1545-0116

Form 1099-NEC

(Rev. January 2025)

For calendar year
2025

Nonemployee
Compensation

PAYER'S TIN 45-2647441	RECIPIENT'S TIN 123-XX-XXXX	1 Nonemployee compensation \$ 650	Copy 1 For State Tax Department
RECIPIENT'S name BARRIE CHASE		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale 3	
Street address (including apt. no.) 218 SOUTH SALINA STREET		4 Federal income tax withheld \$	
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13020		5 State tax withheld \$	7 State income \$
Account number (see instructions)		6 State/Payer's state no.	

Form 1099-NEC (Rev. 1-2025)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name Royal Davis	Box 2. Beneficiary's Social Security Number XXX-XX-XXXX
Box 3. Benefits Paid in 2025 \$11,978.00	Box 4. Benefits Repaid to SSA in 2025
Box 5. Net Benefits for 2025 (Box 3 minus Box 4) \$11,978.00	
DESCRIPTION OF AMOUNT IN BOX 3	
Paid by check or Direct deposit Medicare part B premiums deducted from your benefits Total Additions Benefits for 2025	\$9,160.74 \$2,220.00 \$11,978.00 \$11,978.00
DESCRIPTION OF AMOUNT IN BOX 4	
NONE	
Box 6. Voluntary Federal Income Tax Withheld \$838.46	
Box 7. Address 218 S Salina St Syracuse, NY 13202	
Box 8. Claim Number (Use this number if you need to contact SSA.)	

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MORGAN INVESTMENTS LLC 300 SOUTH SALINA STREET, SUITE 102 SYRACUSE, NEW YORK 13202		Applicable checkbox on Form 8949 CODE M	OMB No. 1545-0715 2025 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
		1a Description of property (Example: 100 sh. XYZ Co.) MORGAN 100 SHARES		
		1b Date acquired 1/12/2023	1c Date sold or disposed 5/12/2025	Copy 1 For State Tax Department
PAYER'S TIN 36-1000000		1d Proceeds \$ 5000	1e Cost or other basis \$ 4100	
RECIPIENT'S TIN 456-XX-XXXX		1f Accrued market discount \$	1g Wash sale loss disallowed \$	
RECIPIENT'S name ROYAL DANO		2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input checked="" type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>	
Street address (including apt. no.) 218 SOUTH SALINA STREET		4 Federal income tax withheld \$	5 If checked, noncovered security <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13020		6 Reported to IRS: Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>	
Account number (see instructions)		8 Profit or (loss) realized in 2025 on closed contracts \$	9 Unrealized profit or (loss) on open contracts—12/31/2025 \$	
CUSIP number		10 Unrealized profit or (loss) on open contracts—12/31/2025 \$	11 Aggregate profit or (loss) on contracts \$	
14 State name NEW YORK	15 State identification no. 361000000	16 State tax withheld \$ 0	12 If checked, basis reported to IRS <input checked="" type="checkbox"/> 13 Bartering <input type="checkbox"/>	

Form 1099-B

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

All documents are samples/examples of tax forms

		<input type="checkbox"/> CORRECTED		
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Clark University 2 Statement 319 Doane Dr Memphis, TN 38101		1 Payments received for qualified tuition and related expenses \$ 6,000	OMB No. 1545-1574 2025 Form 1098-T	Tuition Statement
FILER'S employer identification no. 20-6XXXXXX	STUDENT'S TIN 789-XX-XXXX	2		
STUDENT'S name Mary Chase	3			
Street address (including apt. no.) 218 S Salina St	4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 10,000		
City or town, state or province, country, and ZIP or foreign postal code Syracuse, NY 13202	6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 <input type="checkbox"/>		
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/> 10 Ins. contract reimb./refund \$		

Copy B
For Student

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.

Form 1098-T

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

VITA Customer Self-employment Expense Sheet

For each business, we will need a separate expense sheet. If you run more than one business, receive more than one 1099 for different businesses, and/or participate with more than one ride share, you will need to complete a separate form for each business.

We cannot prepare your business taxes if you are an LLC or have a net business loss.

Even if you do not receive a 1099 form, you must report all of your income/tips.

Total income/tips NOT included on 1099-NEC/K/MISC: \$ 1850

Business name: UBeez

Business type: RideShare

For rideshare/delivery services: (Uber, Uber Eats, DoorDash, Lyft, Instacart, Grubhub, etc.)

Vehicle Description:

2021
Year

Honda
Make

CRV
Model

When you put the business vehicle into Service:

Jan
Month

1
Day

2024
Year

Business Vehicle Mileage: We cannot use gas receipts. The IRS requires us to use the **standard mileage rate** based on the current rate. We **cannot** deduct **actual** expenses or any "wear-and-tear" repairs of your vehicle for business use.

Suggestion: Keep a logbook in your vehicle to track mileage

1/1/25-12/31/25	Business Miles (work-to-work)	<u>1056</u>
1/1/25-12/31/25	Commuter Miles (Home-to-work & work-to-home)	(not required)
1/1/25-12/31/25	Other Miles (personal)	(not required)
Total		<u>1056</u>

- Do you (or spouse) have another vehicle available for personal use? Yes or No
- Was your vehicle available for personal use during off-duty hours? Yes or No
- Do you have evidence to support your deductions?
 - Is it written? Yes or No

Expenses for Ride Share:

Vehicle Supplies: (ride share only)	\$	Snacks/Refreshments: (For passengers only)	\$
Cell Phone Plan: (You cannot deduct the entire plan, if you also use it for personal)	\$ 260	Tolls/Parking transponder: (non-reimbursed)	\$
Mileage Tracking Software	\$	Commission and Fees	\$ 256
Taxes and Licenses	\$	Accessories/PPE: (Chargers, cables, mounts)	
Other: (ride share only - car washes, first aid kit, etc.)	\$ 300	Description:	

Your Business Home Office/Day Care (Not all may qualify)

Total square footage of your home:	
Square footage used exclusively for business, for day care, or storage of inventory	
Square footage used only partly for business, for day care, or for storage of inventory	

Expenses for Home Office/Day Care:

Office Expenses:	\$	Other interest	\$
Property: (Rent/lease, not your home)	\$	Repairs and Maintenance: (not vehicle)	\$
Advertising:	\$	Health Insurance:	\$
Insurance (other than health)	\$	Legal & Professional Services	\$
Equipment: (Rent or lease)	\$		
Other: (unreimbursed expenses)	\$	Description:	
Other: (unreimbursed expenses)	\$	Description:	

Day Care Facilities only:

- Was home used as a day care facility? Yes or No
- Hours used for day care per day? _____
- Days used for day care per year? _____
- Days available for day care? _____