

Dano, Royal & Chase, Barbie

Notes:

For Office Use Only **CHECKLIST** ☐ Referrals ☐ Requested ☐ Copied

**Today's Date:** 1/19 **A** or **B**

**Off-Site location:**

☒ Drop-off ☐ In-Person **ACTIVITY**

**Date:** 1/19 **Int:** ST **ALL In-Lake Forms & Tax Info**  
COMPLETED/RECEIVED & ready for tax prep

☐ Taxes PREPARED

☐ Client pulled forward in TaxCenter from a previous year

**AGI** **E-FILE** **E-FILE**

**Appointment scheduled** (pick-up is about 5-20 minutes)  
**Date & Time:**

**DISCUSS** completed tax return w/client(s) &  
INSIDE FOLDER reviewing **MUST** complete checklist while client is with you!

☐ Financial Coaching reviewed

**VERIFIED** (info w/client name, address, SSN)  
Support client(s) payment & questions early

**AMENDMENT** (only answer if this is one!) ☐ Yes ☐ No (omit prep)

Dia PEACE, Inc. prepare the original return? ☐ No (omit prep)

**TAXES** ☐ E-FILED ☐ Date

**FILED** ☐ PAPER FILING by tax prep ☐ Int

## Welcome to PEACE, Inc. Free Tax Prep

We are here to prepare and e-file your tax return for FREE. *From February to April 15<sup>th</sup>, 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.

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### \*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.

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## 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) 201000123

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: 4/19

<b>First Name</b> <u>Royal</u>		<b>Last Name</b> <u>Dano</u>		<b>Date of Birth</b> <u>2/4/68</u>	
<b>Gender</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer		<b>Email</b>	<b>Phone Number (Daytime)</b> <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	
<b>Race</b>	<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
<b>Hispanic or Latino</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Disabled</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Language:</b>		<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please list)			
<b>Military Status</b>		<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Never		<b>Receiving SNAP</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Health Insurance</b> (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			
<b>Highest Level of Education</b>	<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)
<b>Work Status</b> (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			
<b>County</b>	<u>Orondaga</u>		<b>School District</b>	<u>Syracuse</u>	
<b>Family Size</b>	<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				
<b>Family Household Type</b>	<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
<b>Family Housing Type</b>		<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	
<b>Marital Status</b> (as of 12/31/23)		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <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					
<b>Optional Referral: Would you like to be contacted for the following free services:</b> 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 ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

• Complete pages 1-5 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 [ts.voltax@irs.gov](mailto:ts.voltax@irs.gov)

Your first name <u>Royal</u>	M.I. <u></u>	Last name <u>Dano</u>	Your date of birth <u>01/11/1968</u>	Your job title <u>Refined</u>
Spouse's first name <u>Barbie</u>	M.I. <u></u>	Last name <u>Chase</u>	Spouse's date of birth <u>06/12/1972</u>	Spouse's job title <u>Back Engineer / Uber</u>
Mailing address <u>210 S Saling St</u>	Apt # <u></u>	City <u>Syracuse</u>	State <u>NY</u>	ZIP code <u>13202</u>
Your telephone number <u>315-680-1234</u>	Spouse's telephone number <u></u>	Email address (optional) <u></u>	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 checked="" type="checkbox"/> Spouse	Legally blind	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	Totally and permanently disabled	<input type="checkbox"/> You <input type="checkbox"/> Spouse
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You <input type="checkbox"/> Spouse
			Owners or holders of any digital assets	<input type="checkbox"/> You <input type="checkbox"/> Spouse

If due a refund, how would you like your refund

<input checked="" type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other <u></u>

If you have a balance due, how would you like to make your payment

<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay
<input type="checkbox"/> Set up installment agreement	<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

As of December 31, 2025, what was your marital status

☐ Never Married ☒ Married

If married, were you married on the last day of the year

Did you and your spouse live apart all of the last 6 months of the year

☐ Divorced ☐ Legally Separated but not Divorced

Date of final decree

Date of separate maintenance decree

Year of spouse's death

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.

Answer Yes or No (Y/N)

To be completed by certified volunteer  
(Yes, No, or N/A)

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	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	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 Chase	10/14/24	Daughter	12	S	Y	Y	Y	N	N	Y	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:

(To be completed by certified volunteer) Income to be included

Notes/Comments

☒ (B) Wages as a part-time or full-time employee

☒ (B) W-2s

#

1

How many jobs

☐ (B/A) Tips

☐ (B/A) Tips (Basic when reported on W2)

NA

☒ (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

\$

☐ (B) Disability benefits (such as payments from insurance and worker's compensation)

☐ (B) Disability benefits on 1099-R or W-2

#

NA

☒ (B) Social Security or Railroad Retirement Benefits

☒ (B) SSA-1099, RRB-1099

#

1

☐ (B) Unemployment benefits

☐ (B) 1099-G

#

NA

☐ (B) Refund of state or local income tax

☐ (B) Refund

\$

NA

☐ (B) Itemized last year

☐ Yes

☐ No

☐ (B) Interest or dividends (bank account, bonds, etc.)

☐ (B) 1099-INT #

#

NA

☒ (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

☐ Yes

☐ No

☐ (B) Alimony

☐ (B) Alimony

\$

NA

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)

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days

☐ Yes

☐ No

☐ Income from renting personal property such as a vehicle

☐ Rental expense

☐ (B) Gambling winnings, including lottery

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)

#

NA

☒ (A) Payments for contract or self-employment work

☐ (A) Schedule C

Did you report a loss on last year's return

☐ Yes

☒ No

☐ 1099-MISC

#

see form

☒ 1099-NEC

#

see form

☐ 1099-K

#

☐ Other income reported elsewhere

☒ Schedule C expenses

\$

☐ 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)



Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?

(To be completed by certified volunteer) Standard or Itemized Deductions

- ☐ (A) Mortgage Interest # \_\_\_\_\_
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, dental, prescription expenses
- ☐ (A) Charitable contributions

☒ (B) Standard deduction ☐ (A) Itemized deduction

Paid any of these expenses in 2025?

(To be completed by certified volunteer) Expenses to report

- ☐ (B) Student loan interest NA
- ☐ (B) Child and dependent care ☐ (B) Child and dependent care credit NA
- ☐ (B/A) Contributions to a retirement account NA
- ☐ (B) School supplies by a teacher, teacher's aide or other educator NA
- ☐ (B) Alimony payments (do not include child support) NA
- ☐ (B) Alimony payments with spouse's SSN \$ NA
- Adjustment to income ☐ Yes ☒ No

Did any of the following happen during 2025?

(To be completed by certified volunteer) Information to report

- ☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.) *Used for medical plan*
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange) NA
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) NA
- ☐ (A) Other (example: purchased a new vehicle, etc.) NA
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender NA
- ☐ (A) Have a loss related to a declared Federal disaster area NA
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) NA
- ☐ Receive any letter or bill from the IRS NA
- ☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes NA
- ☐ Brought last year's return NA
- ☐ Last year's return available NA

Notes/Comments

☐ (B) Taxable scholarship income

☒ (B) 1098-T (itemized statement from school, invoice, etc.)

☐ (B) Education credit or tuition and fees deduction

☐ (A) Sale of home (1099-S)

☒ (A) HSA contributions ☒ (A) HSA distributions

☐ (A) 1095-A

☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)

☐ VIN #

☐ (A) 1099-C

☐ (A) 1099-A

☐ Disaster relief impacts return

☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year

Year disallowed Reason

☐ Eligible for Low Income Taxpayer Clinic referral

☐ (B) Estimated tax payments

☐ (B) Last year's refund applied to this year

☐ Last year's return available

## 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"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input checked="" type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

☐ **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.)

☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)

☒ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)

☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)

☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)

☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is your spouse's race and/or ethnicity? Select all that apply

☐ **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.)

☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)

☒ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)

☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)

☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)

☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

☐ **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:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.





Form **15080**  
(October 2025)**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 populate 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.

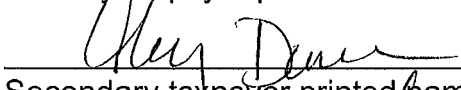
**Consent:**

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

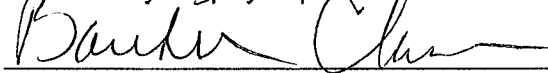
Date



9/19/26

Secondary taxpayer printed name and signature

Date



9/19/26

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](mailto: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.

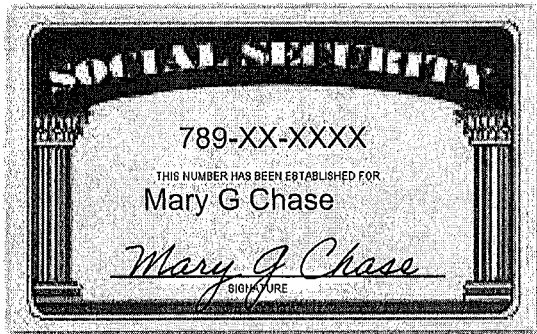
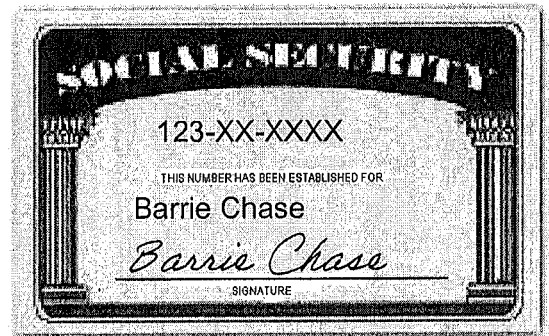
I agree to use this site's Virtual VITA/TCE Process

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

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, FAST! Use		OMB No. 1545-0008		 Visit the IRS website at www.irs.gov/efile	
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	
290 SOUTH SALINA STREET SYRACUSE, NEW YORK 13202		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12 D 1000	
				14 Other NY-SDI 31.00 NYPFL 140.00		12b DD 3200	
						12c W 2000	
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.  U.S. OFFICE OF PERSONAL MANAGEMENT 1900 EAST STREET, NW WASHINGTON, D.C. 20415-1000 ANNUITY RETIREMENT		1 Gross distribution \$ 21000 2a Taxable amount \$		OMB No. 1545-0119 <b>2025</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 52-6083699		RECIPIENT'S TIN 458-XX-XXXX		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department			
RECIPIENT'S name ROYAL DANO		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3150					
Street address (including apt. no.) 218 SOUTH SALINA STREET		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$					
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13202		7 Distribution code(s) 3		8 Other \$ %					
10 Amount allocable to IRR within 5 years \$		11 1st year of design. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution %		9b Total employee contributions \$ 600	
Account number (see instructions)		13 Date of payment 1/1/2025		14 State tax withheld \$		15 State/Payer's state no. NY526083699		16 State distribution \$ 21000	
				17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>UBER Technologies Inc.</b> 1455 Market St San Francisco, CA 94103		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2025) For calendar year <b>2025</b>		<b>Nonemployee Compensation</b>
PAYER'S TIN <b>45-2647441</b>	RECIPIENT'S TIN 123-XX-XXXX	1 Nonemployee compensation \$ 650		
RECIPIENT'S name <b>BARRIE CHASE</b>  Street address (including apt. no.) 218 SOUTH SALINA STREET City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13020		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

Form **1099-NEC** (Rev. 1-2025) [www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC) Department of the Treasury - Internal Revenue Service

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

<b>2025</b> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name <b>Royal Dano</b>		Box 2. Beneficiary's Social Security Number <b>XXX-XX-XXXX</b>	
Box 3. Benefits Paid in 2025 <b>\$11,978.00</b>	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 (Box 3 minus Box 4) <b>\$11,978.00</b>	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>  Paid by check or Direct deposit <b>\$9,160.74</b> Medicare part B premiums deducted from your benefits <b>\$2,220.00</b> Total Additions <b>\$11,978.00</b> Benefits for 2025 <b>\$11,978.00</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>  <b>NONE</b>	
<b>SAMPLE</b>		Box 6. Voluntary Federal Income Tax Withheld <b>\$838.46</b>	
		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 <b>2025</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>	
			1a Description of property (Example: 100 sh. XYZ Co.) MORGAN 100 SHARES				
PAYER'S TIN  36-1000000			RECIPIENT'S TIN  456-XX-XXXX		1b Date acquired  1/12/2023	1c Date sold or disposed  5/12/2025	<b>Copy 1 For State Tax Department</b>
			1d Proceeds \$ 5000		1e Cost or other basis \$ 4100		
RECIPIENT'S name  ROYAL DANO			1f Accrued market discount \$		1g Wash sale loss disallowed \$		
			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"/>		
			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"/>		
City or town, state or province, country, and ZIP or foreign postal code  SYRACUSE, NEW YORK 13202			8 Profit or (loss) realized in 2025 on closed contracts \$		9 Unrealized profit or (loss) on open contracts—12/31/2025 \$		
			10 Unrealized profit or (loss) on open contracts—12/31/2025 \$		11 Aggregate profit or (loss) on contracts \$		
Account number (see instructions)			12 If checked, basis reported to IRS <input checked="" type="checkbox"/>		13 Bartering \$		
CUSIP number			FATCA filing requirement <input type="checkbox"/>				
14 State name NEW YORK	15 State identification no. 361000000	16 State tax withheld \$ 0					

Form **1099-B**

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

All documents are samples/examples of tax forms

☐ 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 <b>2025</b> Form <b>1098-T</b>	<b>Tuition Statement</b>
			2			
FILER'S employer identification no. 20-6XXXXXX			STUDENT'S TIN 789-XX-XXXX		3	<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 Mary Chase			4 Adjustments made for a prior year \$		5 Scholarships or grants \$ 10,000	
Street address (including apt. no.) 218 S Salina St			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"/>	
City or town, state or province, country, and ZIP or foreign postal code Syracuse, NY 13202			9 Checked if a graduate student <input type="checkbox"/>		10 Ins. contract reimb./refund \$	
Service Provider/Acct. No. (see instr.)			8 Checked if at least half-time student <input checked="" type="checkbox"/>			

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 you income/tips.**

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

**Business name:** UBer

**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)	1056
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)
	<b>Total</b>	1056

- 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 - <del>car washes</del> , 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 <b>exclusively</b> for business, for day care, or storage of inventory	
Square footage used <b>only partly</b> 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? \_\_\_\_\_