Graham, Sean + Stacey

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

Today's Date: 4/5 **A** or **B**

Off-Site Location: ____

☒ Drop-off ☐ In-Person

Date	Int	ACTIVITY
4/5	ST	**ALL** In-Take Forms & Tax Info COMPLETED/RECEIVED & *ready for tax prep*
		Taxes **PREPARED**

☐ Client pulled forward in TaxSlayer from a previous year

AGI ☐ EIC ☐ CTC

		Quality **REVIEWED**

Appointment scheduled *(pick-up is about 5/10 minutes)*

Date & Time:

DISCUSS completed tax return w/client(s) &

INSIDE FOLDER *Reviewers **MUST** complete checklist while client is with you*

☐ **Financial Coaching** received

		VERIFY *info w/client: name, address, SSN, deposit, **client(s) signs & receives copy***

AMENDMENT: *(only answer if this is one)* ☐ Yes

Did PEACE, Inc. prepare the original return? ☐ No *(count prep)*

TAXES FILED: ☐ **E-FILED** Date: ____ Int: ____

☐ **PAPER FILING** by tax filer- *give envelope(s)*

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: ______________________ **DOB:** ____________

Bank Name: See Check

Checking Account ☐ **Savings Account:** ☐

Bank Routing #: (9 digits) ______________________

Account #: ______________________

Revised 12/25

PEACE INC
EMPOWERING PEOPLE TO THRIVE | EST. 1968

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: 1/5

First Name	**Last Name**	**Date of Birth**
Sean	Graham	11/5/60

Gender	☒ Male ☐ Female ☐ Prefer not to answer	**Email**	**Phone Number** (Daytime) 404 555 1234 Is this a cell? ☒ Yes ☐ No Can we text you about your taxes? ☒ Yes ☐ No
Race	☐ Black or African American ☒ White ☐ Asian	☐ American Indian or Alaska Native ☐ Bi-racial/Multi-racial	☐ Native Hawaiian or Pacific Islander ☐ Other
Hispanic or Latino	☐ Yes ☒ No	**Disabled**	☐ Yes ☒ No
Primary Language:	☒ English ☐ Spanish ☐ Other ____________ *(please list)*		
Military Status	☐ Active Military ☐ Veteran ☒ Never	**Receiving SNAP**	☐ Yes ☒ No
Health Insurance (Check all that apply for your family)	☐ None ☒ Employer Based ☐ Military Health Care	☐ Medicaid (Income based) ☐ Medicare (seniors/disabled)	☐ State Health Insurance for Adults (Exchange/Marketplace) ☐ State Children's Health Insurance
Highest Level of Education	☐ 0-8th grade ☐ 9-12th/Non-Graduate ☐ GED ☐ High School Graduate	☐ 12+ Some Post-Secondary (Trade School) ☐ Graduate of Post-Secondary School (Trade School)	☐ Some college (but no degree) ☒ College graduate: (2 yr, 4 yr, or Graduate Degree)
Work Status (Check all that apply)	☐ Employed Full-time ☐ Employed Part-time	☐ Unemployed (Not in Workforce) ☐ Unemployed (Less than 6 Months) ☐ Unemployed (More than 6 months)	☒ Retired ☐ Migrant/Seasonal Worker
County	Onondaga	**School District**	Syracuse
Family Size	☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 or more		
Family Household Type	☐ Single Person ☒ Two Parents ☐ Multigenerational	☐ Single Parent Female (with child/children) ☐ Single Parent Male (with child/children)	☐ Two or More Adults (No children) ☐ Other
Family Housing Type	☐ Rent ☒ Own	☐ Temporary Housing ☐ Other Permanent Housing	☐ Homeless ☐ SHA ☐ Other
Marital Status (as of 12/31/23)	☐ Single ☐ Divorced	☒ Married ☐ Married (living separately)	☐ Legally Separated ☐ Widow(er)

If married, are you filing jointly with your spouse ☒ Yes ☐ No

Optional Referral: **Would you like to be contacted for the following free services:**
Help navigating health insurance ☐ Yes ☐ No | Financial Counseling/Debt reduction ☒ Yes ☐ No

Would you like to volunteer at our Free Tax Prep program? ☐ Yes ☐ No

NEW YORK STATE

Department of Taxation and Finance
Income Tax Worksheet
Volunteer Income Tax Assistance Program

TP-301
(12/25)

Name Sean Graham	Date 1/5
County Onondaga	School ~~district~~ *(town if not known)* Syr

	Yes	No	Unsure
Did you receive a New York State Inflation Refund Check?	X		
If ***Yes***, how much $ 400			
Were you a New York State resident for the entire tax year? (and your spouse if filing a joint return)	X		

If **No**, where else did your live from 1/1/25 – 12/31/25?

Town, State	Start Date	End Date
Town, State	Start Date	End Date
Town, State	Start Date	End Date

	Yes	No	Unsure
Did you pay child support through the NYS support collection unit for at least one-half of the year and you are **NOT** in rears? **(IT-209)**		X	

If ***Yes***,

Child's Name	DOB
Child's Name	DOB
Child's Name	DOB

	Yes	No	Unsure
If you pay rent for your place of residence, did you pay $450 or less a month?		X	

If **Yes**, How much do you pay each month? ________________

And what does your rent include: (check the correct box)

- ☐ Heat, gas, electricity, furnishings, and board
- ☐ Heat, gas, electricity, and furnishings
- ☐ Heat, gas, and electricity
- ☐ Heat or heat and gas
- ☐ None of the above

	Yes	No	Unsure
Were you (or your spouse, if filing a joint return) an active volunteer firefighter or ambulance worker for the entire tax year? **(IT-245)**		X	
Did you make contributions to a **NYS** 529 College Savings Plan during the tax year?		X	
Did you receive interest on U.S. government bonds during the tax year?		X	
Did you (or your spouse if filing a joint return) receive a pension or other distribution from a **New York State, local government, or federal government pension plan**?		X	
If ***Yes***, was the person who received the pension 59½ or older during the tax year?			
Did you (or your spouse, if filing a joint return) receive a **private pension** (not state or government)?	X		
If ***Yes***, was the person who received the pension 59½ or older during the tax year?	X		
Did you receive pension payments as a beneficiary of a pension plan?		X	
If ***Yes***, what share of that pension did you receive? ________________			
Did you (or your spouse, if filing a joint return) receive disability income during the tax year? **(IT-221)**		X	
Did you pay nursing home expenses (special assessment) during the tax year? **(IT-258)**		X	
Did you pay long-term care insurance premiums during the tax year? **(IT-249)**		X	

	Yes	No	Unsure
Did you receive a healthcare and mental hygiene worker's bonus? (B14 code HWB/Bonus)		X	
Did you pay nursing home expenses (special assessment) during the tax year? **(IT-258)**		X	
Did you pay long-term care insurance premiums during the tax year? **(IT-249)**		X	
Was any of your income taxed by another state or local government **(IT-112-R)** or did you pay taxes to a province of Canada? **(IT-112-C)**		X	
Did you pay **undergraduate** college tuition expenses by cash, check, credit card, or with borrowed funds, or funds from a qualified state tuition program (such as 529 College Savings Program), for yourself, your spouse, or your dependent(s)? **Note:** This does not include scholarships or other types of financial aid that are not required to be repaid. **(IT-272 or IT-203-B)**		X	
Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? **(line 59 on Form IT-201 or line 56 on Form IT-203 – do not leave blank)**		X	
Do you use clean fuel oil (biofuel) for residential heating? **(IT-241)**		X	
Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? **(IT-255)**		X	
Did you purchase or lease a geothermal system that was placed in service at your residence during the year? **(IT-267)**		X	
Did you repay any amount of income received in a prior year that was previously included in New York adjusted gross income (for example, if you were overpaid unemployment income last year and had to repay a portion this year that did not reduce this year's unemployment income)? **(IT-225, S-141; IT-196, line 24 or 34; or IT-257)**		X	
Do you have a student loan forgiveness award from the Higher Education Service Corporation (HESC) student loan?		X	

Complete this section ONLY if you lived in New York City or Yonkers

New York City	Yes	No	Unsure
Were you (or your spouse if filing a joint return) a New York City resident for any part of the tax year?			
If you answered ***Yes***, how many months did you (and your spouse if filing a joint return) live in New York City during the tax year?	You _____ Spouse _____		
Did you (or your spouse if filing a joint return) maintain living quarters (a residence) in New York City during the tax year?			
If you answered ***Yes***, how many days did you (and your spouse if filing a joint return) spend in New York City during the tax year?	You _____ Spouse _____		
Does your W-2 (box 14) show an amount that was deducted or deferred from your salary under a benefit program established by New York City public employers on your behalf?			
Yonkers	**Yes**	**No**	**Unsure**
Were you (or your spouse if filing a joint return) a Yonkers resident for any part of the tax year?			
If ***Yes***, how many months did you (and your spouse if filing a joint return) live in Yonkers during the tax year?	You _____ Spouse _____		
Did you earn income (self-employment or wages) from a source located in Yonkers?			

Additional notes:

Tax Customer Feedback - *optional and anonymous*

By completing this survey, you help us continue to provide and improve this program. Thank you!

Do you have a permanent address? ☒ Yes ☐ No

What is your zip code? 13210

What is your household annual income?

- ☐ No income, filing for tax credits/other reasons
- ☐ $1 - $13,500
- ☐ $13,501 - $27,000
- ☐ $27, 001 - $40,500
- ☒ $40,501 - $60,000
- ☐ $60,000+

If this service was not available, how would you file your taxes?

- ☐ Would not file
- ☐ Would prepare myself
- ☒ Pay a preparer
- ☐ None of these: __________

Is this your first time using this service? ☐ Yes ☐ No

If **Yes**, how did you hear about this service?

- ☒ Friends/Family/Co-workers
- ☐ Social Media/Website
- ☐ 211
- ☐ Flyer
- ☐ Other: __________

Do you plan on using this service again next year? ☒ Yes ☐ No

Would you recommend this service to another person? ☐ Yes ☐ No

The site was clean and organized: ☒ Agree ☐ Neutral ☐ Disagree

I was treated with respect: ☒ Agree ☐ Neutral ☐ Disagree

My information was kept private: ☒ Yes ☐ No

Do you feel confident about having your taxes done at this site? ☒ Yes ☐ No

How long did you have to wait in the office for your appointment to begin?

- ☒ Less than 15 minutes
- ☐ 15 – 30 minutes
- ☐ 30 minutes to 1 hour
- ☐ More than an hour

Will you use your refund to achieve any financials goals? ☒ Yes ☐ No

If **Yes**, please check all that apply. If **No**, please leave blank

Pay down/off:

- ☒ Medical bills
- ☐ Student loans
- ☐ Utility bills
- ☐ Car loans
- ☐ Credit cards
- ☐ Property taxes
- ☐ Rent/Mortgage

Save for:

- ☐ Buying a car
- ☒ Emergency fund
- ☐ Home repairs/improvements
- ☐ Buying a home
- ☐ Other: __________

Please write any comments you have about the services you received here:

Love you

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 Sean Graham		Printed name (spouse if married filing joint) Stacey Graham	
Date of birth 11/05/50	Date 4/5/26	Date of birth 7/22/57	Date 4/15/26
Telephone number		Telephone number	
Email address		Email address	
Signature (type/print)		Signature (type/print)	

Form **13614-C** (October 2025)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

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

Your first name	M.I.	Last name	Your date of birth	Your job title
Sean	J	Graham	11/05/1960	Retired
Spouse's first name	**M.I.**	**Last name**	**Spouse's date of birth**	**~~Spouse's~~ job title**
Stacey	A	Graham	7/22/68	Teacher

Mailing address	Apt #	City	State	ZIP code
2621 Washington St		Syracuse	NY	13210

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2025
404 5551234			[ ] Yes [X] No

Can anyone else claim you or your spouse on their tax return [ ] **Yes** [X] **No**

Check if you or your spouse were in 2025:

A U.S. citizen	[X] You	[X] Spouse	[ ] No
In the U.S. on a visa	[ ] You	[ ] Spouse	[X] No
A full-time student	[ ] You	[ ] Spouse	[X] No
Legally blind	[ ] You	[ ] Spouse	[X] No
Totally and permanently disabled	[ ] You	[ ] Spouse	[X] No
Issued an identity protection PIN (IPPIN)	[ ] You	[ ] Spouse	[X] No
Owners or holders of any digital assets	[ ] You	[ ] Spouse	[X] No

If due a refund, how would you like your refund
- [X] Direct deposit
- [ ] Check by mail
- [ ] Split refund between accounts
- [ ] Other ____________

If you have a balance due, how would you like to make your payment
- [X] Bank account
- [ ] IRS.gov Direct Pay
- [ ] Set up installment agreement
- [ ] Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English [ ] You [ ] Spouse [X] No

What language ____________

Would you, or your spouse if married filing jointly, like $3 to go to the Presidential Election Campaign Fund [ ] You [ ] Spouse [X] No

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

- [ ] **Never Married**
- [X] **Married** — If married, were you married on the last day of the year [ ] Yes [ ] No
  - Did you and your spouse live apart all of the last 6 months of the year [ ] Yes [ ] No
- [ ] **Divorced** — Date of final decree ____________
- [ ] **Legally Separated but not Divorced** — Date of separate maintenance decree ____________
- [ ] **Widowed** — 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.

ONLY list those you can CLAIM

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
Joshua Graham	6/8/16	son	12	S	Y	Y	Y	N	N	Y	N	N	Y	Y
Jeremy Graham	8/11/06	son	12	S	Y	Y	Y	N	Y	Y	N	N	Y	Y
						654321								

Answer Yes or No (Y/N) — columns U.S. Citizen through Issued IPPIN. To be completed by certified volunteer (Yes, No, or N/A) — last five columns.

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 How many jobs 2	☒ (B) W-2s # 2	
☐ (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 $ NA	
☐ (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 # 1 ☐ (B) 1099-DIV #	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # NA ☐ Capital loss carryover ☐ 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 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	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense $ NA	
☐ (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 Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # ☐ 1099-NEC # ☐ 1099-K # ☐ Other income reported elsewhere ☐ Schedule C expenses $ NA	
☐ 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) NA	

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	Notes/Comments
☒ (A) Mortgage Interest ☐ (A) Taxes: state, local, real estate, sales, etc. ☐ (A) Medical, dental, prescription expenses ☐ (A) Charitable contributions	☒ ~~(A)~~ B 1098 # 1 ☒ (B) Standard deduction ☐ (A) Itemized deduction	

Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E NA	
☒ (B) Child and dependent care	☒ (B) Child and dependent care credit	
☒ (B/A) Contributions to a retirement account	☒ (B/A) IRA (Basic if a Roth IRA or 401K) W-2	
☒ (B) School supplies by a teacher, teacher's aide or other educator	☒ (B) Educator expenses deduction $450	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $____ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☒ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S) NA	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions NA	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A NA	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only) NA	
☐ (A) Other (example: purchased a new vehicle, etc.)	☐ VIN #	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C NA	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A NA ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral NA	
☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes	☐ (B) Estimated tax payments ____ ☐ (B) Last year's refund applied to this year ____	
☐ Brought last year's return	☐ 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	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☒ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☒ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☒ No	☐ 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.

Additional Notes/Comments

Form **15080** (October 2025)

Department of the Treasury - Internal Revenue Service

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:

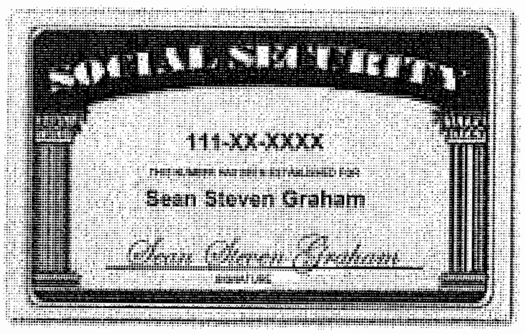
I/we, the taxpayer, have read the above information.

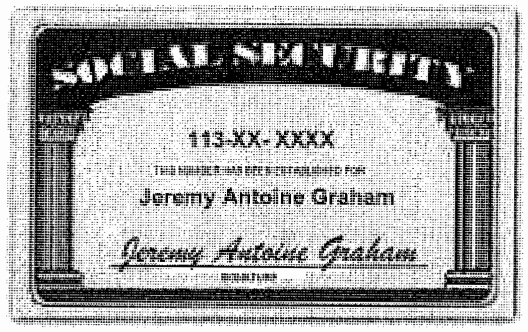
I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

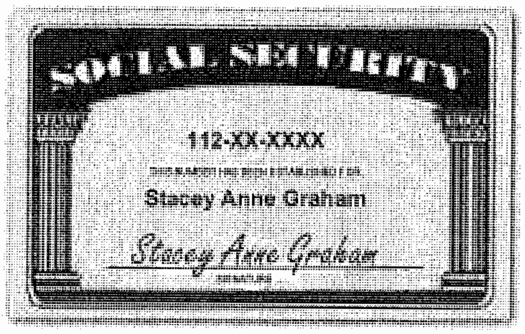
Primary taxpayer printed name and signature	Date
[illegible]	4/5/26
Secondary taxpayer printed name and signature	**Date**
Stacy Graham	/5/26

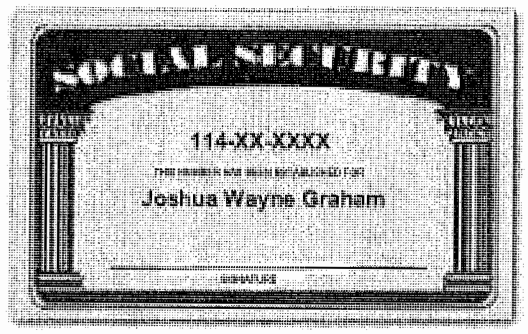
If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury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

All documents are samples/examples of tax forms









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

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

Sean S. Graham **3298**
Stacey A. Graham
2621 Washington Street
Syracuse, NY 13210

PAY TO THE
ORDER OF $

DOLLARS

GUILFORD NATIONAL BANK
New York, NY 10001

| : 322070239 | :0020204523456 3298

a Employee's social security number: 112-XX-XXXX

OMB No. 1545-0029

Safe, accurate, FAST! Use IRS e-file

Visit the IRS website at *www.irs.gov/efile.*

b Employer identification number (EIN)	21-0XXXXXX
c Employer's name, address, and ZIP code	CAMDEM SCHOOL DISTRICT 1212 Forest Ave Kirkwood, NY 13202
d Control number	
e Employee's first name and initial / Last name / Suff.	Satcey Graham
f Employee's address and ZIP code	2621 Washington St Syracuse, NY 13210

1 Wages, tips, other compensation	$33,990.65	2 Federal income tax withheld	$7,198.13
3 Social security wages	$35,290.65	4 Social security tax withheld	$2,188.02
5 Medicare wages and tips	$35,290.65	6 Medicare tax withheld	$511.71
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	DD $1,098.75
13 Statutory employee / Retirement plan / Third-party sick pay	Retirement plan: X	12b	D $1,300.00
14 Other	SDI $42 PFL $121	12c	
		12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	99-5678245	$33,6990.65	$3,400			

Form **W-2** Wage and Tax Statement 20XX

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.

All documents are samples/examples of tax forms

a Employee's social security number: 111-XX-XXXX

OMB No. 1545-0029

Safe, accurate, FAST! Use IRS e-file

Visit the IRS website at *www.irs.gov/efile.*

b Employer identification number (EIN)	21-1XXXXXX
c Employer's name, address, and ZIP code	UMBA Institute 110 Brandon Place Liverpool, NY 13088
d Control number	
e Employee's first name and initial / Last name / Suff.	Sean Graham
f Employee's address and ZIP code	2621 Washington St Syracuse, NY 13210

1 Wages, tips, other compensation	$1825	2 Federal income tax withheld	
3 Social security wages	$1825	4 Social security tax withheld	$76.65
5 Medicare wages and tips	$1825	6 Medicare tax withheld	$24.46
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee / Retirement plan / Third-party sick pay		12b	
14 Other		12c	
		12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	21-1XXXXX	$1,825.00	$175.10			

Form **W-2** Wage and Tax Statement 20XX

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.

All documents are samples/examples of tax forms

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

20XX • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
SEAN S. GRAHAM	111-XX-XXXX

Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 2012	Box 5. Net Benefits for 20XX *(Box 3 minus Box 4)*
$12,900.00		$12,900.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit:

$12,900.00

Total Additions: $12,900.00

Benefits for 20XX: $12,900.00

SAMPLE DOCUMENT

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

Box 7. Address

SEAN S. GRAHAM

2621 Washington Street

Your City, State and ZIP Code

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-2012) DO NOT RETURN THIS FORM TO SSA OR IRS

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Butler Logistics 519 Tabletop Dr Cicero, NY 13039	1 Gross distribution $ 12,500.00 2a Taxable amount $ 12,500	OMB No. 1545-0119 20XX Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐	**Copy 1 For State, City, or Local Tax Department**
PAYER'S TIN 20-2XXXXX / RECIPIENT'S TIN 111-XX-XXXX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 1,250	
RECIPIENT'S name Sean Graham	5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 2621 Washington Street	7 Distribution code(s) 7 / IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code Syracuse, NY 13210	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirement ☐	14 State tax withheld $ $	15 State/Payer's state no.	16 State distribution $ $
Account number (see instructions) / 13 Date of payment	17 Local tax withheld $ $	18 Name of locality	19 Local distribution $ $

☐ VOID ☐ CORRECTED

Form 1099-INT — Interest Income

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Beringer Federal Credit Union 123 Cherryville Blvd Syracuse, NY 13202	Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year 20XX	**Interest Income**
	1 Interest income $ 226.82		
	2 Early withdrawal penalty $		**Copy 1** For State Tax Department
PAYER'S TIN 10-6XXXXXX / RECIPIENT'S TIN 112-XX-XXXX	3 Interest on U.S. Savings Bonds and Treasury obligations $		
RECIPIENT'S name Stacey Graham	4 Federal income tax withheld $	5 Investment expenses $	
Street address (including apt. no.) 2621 Washington Street	6 Foreign tax paid $	7 Foreign country or U.S. territory	
City or town, state or province, country, and ZIP or foreign postal code Syracuse, NY 13210	8 Tax-exempt interest $	9 Specified private activity bond interest $	
FATCA filing requirement ☐	10 Market discount $	11 Bond premium $	
	12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $	
Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld $ / $

☐ CORRECTED

Form 1098-T — Tuition Statement

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Clark University 319 Doane Dr Syracuse, NY 13210	1 Payments received for qualified tuition and related expenses $ 12,000.00 2	OMB No. 1545-1574 20XX Form 1098-T	**Tuition Statement**
FILER'S employer identification no. 20-6XXXXXX / STUDENT'S TIN	3		**Copy B** For Student
STUDENT'S name Jeremy Graham	4 Adjustments made for a prior year $	5 Scholarships or grants $ 5,000.00	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.
~~Street address (including apt. no.)~~ 2621 Washington Street City or town, state or province, country, and ZIP or foreign postal code Syracuse, NY 13210	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 ☐	
Service Provider/Acct. No. (see instr.) / 8 Checked if at least half-time student ☑	9 Check if a graduate student ☐	10 Ins. contract reimb./refund $	

All documents are samples/examples of tax forms

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. **Sean & Stacey Graham** **2621 Washington St** **Syracuse, NY 13210**		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form **1098** (Rev. April 2025) For calendar year 20XX	**Mortgage Interest Statement**
		1 Mortgage interest received from payer(s)/borrower(s)* $ **5,656**		**Copy B For Payer/ Borrower** The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
RECIPIENT'S/LENDER'S TIN **80-5XXXXXX**	PAYER'S/BORROWER'S TIN **111-XX-XXXX**	2 Outstanding mortgage principal $ **26,000**	3 Mortgage origination date **1/1/1995**	
PAYER'S/BORROWER'S name **KeyBank**		4 Refund of overpaid interest $	5 Mortgage insurance premiums $	
		6 Points paid on purchase of principal residence $		
Street address (including apt. no.) **123 James St**		7 ☑ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
City or town, state or province, country, and ZIP or foreign postal code **Syracuse, NY 13206**		8 Address or description of property securing mortgage **2621 Washington St** **Syracuse, NY 13210**		
9 Number of properties securing the mortgage **1**	10 Other **Taxes: $1,300**			
Account number (see instructions)				11 Mortgage acquisition date **1/1/1995**

Crossroads Child Care Center
1648 Baylor Ave
Syracuse, NY 13202
680-565-1234
EIN# 20-5XXXXXX

12/31/20XX

5 weeks summer camp
day camp

for

Joshua Graham
$625 total

All documents are samples/examples of tax forms

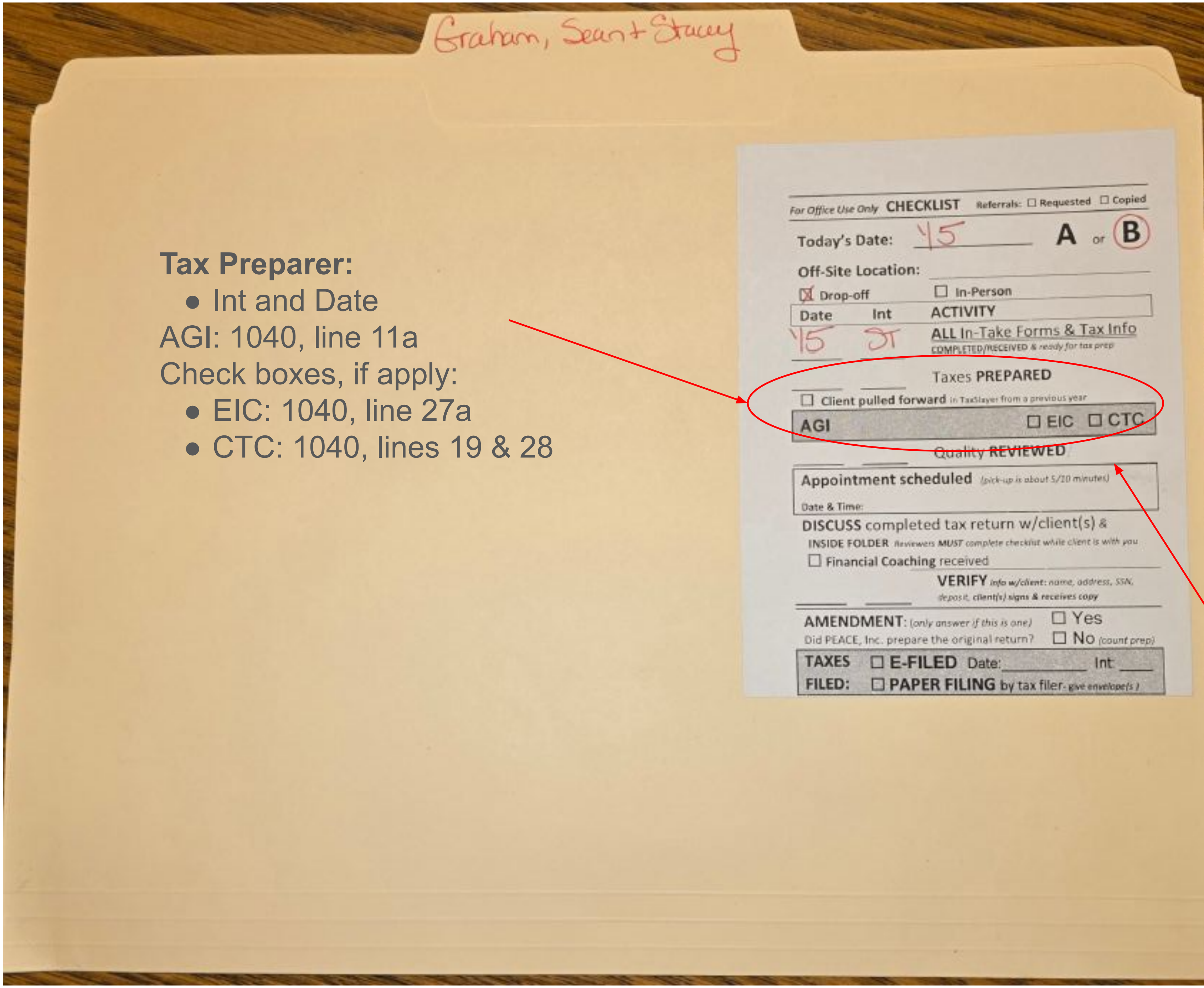
Tax Preparer:

- Int and Date

AGI: 1040, line 11a

Check boxes, if apply:

- EIC: 1040, line 27a
- CTC: 1040, lines 19 & 28



Ready for **Quality Review:** Second set of eyes at equal or higher level.