

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: <ul style="list-style-type: none">Tax Information such as Forms W-2, 1099, 1098, 1095.Social Security cards or ITIN letters for all persons on your tax returnPicture ID (such as valid driver's license) for you and your spouse						<ul style="list-style-type: none">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 <u>JOHN</u>		M.I.	Last name <u>SMITH</u>		Your date of birth <u>12/6/58</u>		Your job title <u>SEMI-RETIRED</u>							
Spouse's first name		M.I.	Last name		Spouse's date of birth		Spouse's job title							
Mailing address <u>123 MAIN ST</u>				Apt # <u>B</u>	City <u>TRENTON</u>		State <u>NJ</u>		ZIP code <u>08550</u>					
Your telephone number <u>609 222 2222</u>		Spouse's telephone number		Email address (optional) <u>JOHNSMITH@Yahoo.com</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						<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Check if you or your spouse were in 2025:						Legally blind		<input type="checkbox"/> Yes <input type="checkbox"/> No						
A U.S. citizen		<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No		Totally and permanently disabled		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
In the U.S. on a visa		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		Issued an identity protection PIN (IPPIN)		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
A full-time student		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		Owners or holders of any digital assets		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
If due a refund, how would you like your refund						If you have a balance due, how would you like to make your payment								
<input type="checkbox"/> Direct deposit		<input type="checkbox"/> Check by mail		<input type="checkbox"/> Bank account		<input type="checkbox"/> IRS.gov Direct Pay								
<input type="checkbox"/> Split refund between accounts		<input type="checkbox"/> Other _____		<input type="checkbox"/> Set up installment agreement		<input type="checkbox"/> Mail payment to IRS								
Would you like to receive written communications from the IRS in a language other than English						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No								
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 type="checkbox"/> No								
As of December 31, 2025, what was your marital status														
<input type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married on the last day of the year		<input type="checkbox"/> Yes <input type="checkbox"/> No								
				Did you and your spouse live apart all of the last 6 months of the year		<input type="checkbox"/> Yes <input type="checkbox"/> No								
<input checked="" type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated but not Divorced				<input type="checkbox"/> Widowed								
Date of final decree <u>LONG TIME AGO</u>		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

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

How many jobs 2

☐ (B/A) Tips

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

☒ (B/A) Retirement account, pension or annuity proceeds

☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____

☐ (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 # _____

☐ (B) Social Security or Railroad Retirement Benefits

☐ (B) SSA-1099, RRB-1099 # _____

☐ (B) Unemployment benefits

☐ (B) 1099-G # _____

☐ (B) Refund of state or local income tax

☐ (B) Refund \$ _____

☐ (B) Itemized last year ☐ Yes ☐ No

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

☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____

☐ (A) Sale of stocks, bonds or real estate

☐ (A) 1099-B (include brokerage statement) # _____

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

☐ Capital loss carryover ☐ Yes ☐ No

☐ (B) Alimony

☐ (B) Alimony \$ _____

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

☐ Rental expense \$ _____

☐ Income from renting personal property such as a vehicle

☐ (B) Gambling winnings, including lottery

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

☐ (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 # _____

☐ 1099-NEC # _____

☐ 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	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN Adjustment to income \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)	
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN # _____	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed _____ Reason _____	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____	
<input type="checkbox"/> Brought last year's return	<input type="checkbox"/> 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 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 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 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 type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? <u>Select all that apply</u>			6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>		
<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). 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

R.E. TAX \$1,700

BANK RTG 021200339
ACC7 987654321

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

2025

c Employer's name, address, and ZIP code

BRICKFORCE INDUSTRIAL INC
2 Ethel Road -Suite 204B
Edison, N. J. 08817

e Employee's name, address, and ZIP code

MANUEL D HERNANDEZ SAY
706 S. CLINTON AVE
TRENTON, NJ 08611

15 State Employer's state ID number
NJ 22332695116 State wages, tips, etc.
10,509.75

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification no. (EIN)
22-3326951a Employee's social security no.
371-44-392817 State income tax
173.201 Wages, tips, other compensation
10,509.753 Social security wages
10,509.755 Medicare wages and tips
10,509.75

11 Nonqualified plans

14 Other
49.40 DI
44.67 WD/UI
29.43 FLI
0.002 Federal income tax withheld
576.044 Social security tax withheld
651.606 Medicare tax withheld
152.39

12a See instructions for box 12

12b

12c

12d

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008
This information is being furnished to the Internal Revenue Service.Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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

2021

c Employer's name, address, and ZIP code

BRICKFORCE INDUSTRIAL INC
2 Ethel Road -Suite 204B
Edison, N. J. 08817

e Employee's name, address, and ZIP code

MANUEL D HERNANDEZ SAY
706 S. CLINTON AVE
TRENTON, NJ 08611

15 State Employer's state ID number
NJ 22332695116 State wages, tips, etc.
10,509.7517 State income tax
173.20

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification no. (EIN)
22-3326951a Employee's social security no.
371-44-39281 Wages, tips, other compensation
10,509.753 Social security wages
10,509.755 Medicare wages and tips
10,509.75

11 Nonqualified plans

14 Other
49.40 DI
44.67 WD/UI
29.43 FLI
0.002 Federal income tax withheld
576.044 Social security tax withheld
651.606 Medicare tax withheld
152.39

12a See instructions for box 12

12b

12c

12d

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS

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

2021

c Employer's name, address, and ZIP code

BRICKFORCE INDUSTRIAL INC
2 Ethel Road -Suite 204B
Edison, N. J. 08817

e Employee's name, address, and ZIP code

MANUEL D HERNANDEZ SAY
706 S. CLINTON AVE
TRENTON, NJ 08611

15 State Employer's state ID number
NJ 22332695116 State wages, tips, etc.
10,509.7517 State income tax
173.20

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification no. (EIN)
22-3326951a Employee's social security no.
371-44-39281 Wages, tips, other compensation
10,509.753 Social security wages
10,509.755 Medicare wages and tips
10,509.75

11 Nonqualified plans

14 Other
49.40 DI
44.67 WD/UI
29.43 FLI
0.002 Federal income tax withheld
576.044 Social security tax withheld
651.606 Medicare tax withheld
152.39

12a

12b

12c

12d

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

BW24DWNA NTF 2584452

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

2021

c Employer's name, address, and ZIP code

BRICKFORCE INDUSTRIAL INC
2 Ethel Road -Suite 204B
Edison, N. J. 08817

e Employee's name, address, and ZIP code

MANUEL D HERNANDEZ SAY
706 S. CLINTON AVE
TRENTON, NJ 08611

15 State Employer's state ID number
NJ 22332695116 State wages, tips, etc.
10,509.7517 State income tax
173.20

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification no. (EIN)
22-3326951a Employee's social security no.
371-44-39281 Wages, tips, other compensation
10,509.753 Social security wages
10,509.755 Medicare wages and tips
10,509.75

11 Nonqualified plans

14 Other
49.40 DI
44.67 WD/UI
29.43 FLI
0.002 Federal income tax withheld
576.044 Social security tax withheld
651.606 Medicare tax withheld
152.39

12a

12b

12c

12d

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

22222		Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 26 0887623				1 Wages, tips, other compensation 5471		2 Federal income tax withheld 214	
c Employer's name, address, and ZIP code CARE PLUS WORKFORCE 40 EISENHOWER DR. #209 PARAMUS, NJ 33763				3 Social security wages 5471		4 Social security tax withheld 339	
				5 Medicare wages and tips 5471		6 Medicare tax withheld 79	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial JESSICA		Last name [REDACTED]		Suff. [REDACTED]		11 Nonqualified plans	
f Employee's address and ZIP code 1 MAIN ST. [REDACTED] TRENTON, NJ 08618				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other NJSDI 23 NJSDI 0 NJFLI 5		12b	
						12c	
15 State Employer's state ID number NJ 260887623		16 State wages, tips, etc. 5471		17 State income tax 82		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 A For Social Security Administration — Send this entire page

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

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☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NJ DIVISION OF PENSIONS PO BOX 295 TRENTON, NJ 08625			1 Gross distribution \$ 29461		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$ 29323						
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				Copy 1 For State, City, or Local Tax Department
PAYER'S TIN 22-1917062		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1315			
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 138		6 Net unrealized appreciation in employer's securities \$					
		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/> %			
		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 <input type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no.	
13 Date of payment		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

9898

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONAL FINANCIAL SERVICES			1 Gross distribution \$ 2000		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
			2a Taxable amount \$ 2000		2025 Form 1099-R						
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>						
PAYER'S TIN 043523567		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099			
RECIPIENT'S name JOHN SMITH		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$							
Street address (including apt. no.)		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>		8 Other \$ %					
City or town, state or province, country, and ZIP or foreign postal code		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 <input type="checkbox"/>		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 \$			

Form **1099-R** Created 3/20/25

Cat. No. 14436Q

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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0281097 01 AB 0.405 **AUTO T5 3 2517 19610-105420 -C03-P81398-I



If you have any questions,
please call us at (888) 557-5531

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country,
ZIP or foreign postal code, and telephone no.
GENWORTH LIFE INSURANCE COMPANY
P.O. BOX 40007
LYNCHBURG, VA 24506-9939

Payer's RTN (optional)

OMB No. 1545-0112

1 Interest income

\$241.32

2 Early withdrawal penalty

Form 1099-INT

2025 Interest Income

PAYER'S federal identification number
91-6027719

RECIPIENT'S identification number
***-**-2072

3 Interest on U.S. Savings Bonds and Treas. obligations

Copy B

RECIPIENT'S name, street address, city or town, state or province,
country, and ZIP or foreign postal code

4 Federal income tax withheld

5 Investment expenses

6 Foreign tax paid

7 Foreign country or U.S. possession

8 Tax-exempt interest

9 Specified private activity bond interest

10 Market discount

11 Bond premium

12 Bond premium on Treasury
obligations

13 Bond premium on tax-exempt bond

For Recipient

This is important tax
information and is
being furnished to the
Internal Revenue
Service. If you are
required to file a return,
a negligence penalty or
other sanction may be
imposed on you if this
income is taxable and
the IRS determines that
it has not been reported.

Account number (see instructions)
485645

FATCA filing
requirement ☐

14 Tax-exempt and tax credit bond
CUSIP no.

15 State

16 State identification no.

17 State tax withheld

Form 1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service