

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 <u>JUDY</u>	M.I.	Last name <u>JETSON</u>	Your date of birth <u>1/1/2002</u>	Your job title <u>WAREHOUSE</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 #	City <u>TRENTON</u>	State <u>NJ</u>
ZIP code <u>08625</u>					
Your telephone number <u>609 555 1111</u>	Spouse's telephone number		Email address (optional) <u>JUDY@GMAIL.COM</u>	Did you live or work in two or more states in 2025 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Can anyone else claim you or your spouse on their tax return

☐ Yes ☐ No

Check if you or your spouse were in 2025:

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

If due a refund, how would you like your refund

- ☒ Direct deposit ☐ Check by mail
- ☐ Split refund between accounts ☐ Other _____

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

- ☐ 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 ☐ No

What language _____

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund

☐ You ☐ Spouse ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ **Divorced**

☐ **Legally Separated but not Divorced**

☐ **Widowed**

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

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 _____

☐ (B) W-2s # _____☐ (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 CDid 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? <input type="checkbox"/> (A) Mortgage Interest <input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, dental, prescription expenses <input type="checkbox"/> (A) Charitable contributions	(To be completed by certified volunteer) Standard or Itemized Deductions <input type="checkbox"/> (A) 1098 # _____ <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	Notes/Comments
Paid any of these expenses in 2025? <input checked="" type="checkbox"/> (B) Student loan interest <input type="checkbox"/> (B) Child and dependent care <input type="checkbox"/> (B/A) Contributions to a retirement account <input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> (B) Alimony payments (do not include child support)	(To be completed by certified volunteer) Expenses to report <input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K) <input type="checkbox"/> (B) Educator expenses deduction \$ _____ <input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes/Comments
Did any of the following happen during 2025? <input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.) <input type="checkbox"/> (A) Sell a home <input type="checkbox"/> (A) Have a health savings account (HSA) <input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange) <input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) <input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.) <input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender <input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area <input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) <input type="checkbox"/> Receive any letter or bill from the IRS <input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes <input type="checkbox"/> Brought last year's return	(To be completed by certified volunteer) Information to report <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) Sale of home (1099-S) <input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions <input type="checkbox"/> (A) 1095-A <input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only) <input type="checkbox"/> VIN # _____ <input type="checkbox"/> (A) 1099-C <input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return <input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason <input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral <input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available	Notes/Comments

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

NJ ON EMPLOYMENT (FROM PHONE)
GROSS 3,500
TAX 350

RENT = 750 / mo \$9000

STUDENT LOAN
\$300 ✓

BANK ACCT.
RT6 021200339
ACCT 123456789

22222		a Employee's social security number XXX XX XXXY		OMB No. 1545-0029	
b Employer identification number (EIN) 82-0544687		1 Wages, tips, other compensation 16739		2 Federal income tax withheld 180	
c Employer's name, address, and ZIP code AMAZON PO BOX 80726 SEATTLE, WA 98108		3 Social security wages 16918		4 Social security tax withheld 1049	
		5 Medicare wages and tips 16918		6 Medicare tax withheld 245	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JUDY JETSON 123 MAIN ST. TRENTON NJ 08625		11 Nonqualified plans		12a C 19	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b D 179	
		14 Other NJ501 74		12c DD 5491	
		NJFLI 16		12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NJ 820544687	16 State wages, tips, etc. 17252	17 State income tax 334	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1 — For State, City, or Local Tax Department

2025

Department of the Treasury—Internal Revenue Service