

**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>LISA</u>	M.I.	Last name <u>SIMPSON</u>	Your date of birth <u>7/14/98</u>	Your job title <u>BUS DRIVER</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>1</u>	City <u>TRENTON</u>	State <u>NJ</u>	ZIP code <u>08618</u>
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Your telephone number <u>609 111 1111</u>	Spouse's telephone number	Email address (optional) <u>lisa@gmail.com</u>	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Can anyone else claim you or your spouse on their tax return ☐ Yes ☒ No

Check if you or your spouse were in 2025:				Legally blind	<input type="checkbox"/> Yes	<input type="checkbox"/> Spouse	<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 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 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 checked="" type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail	<input checked="" 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 ☐ 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

<input checked="" type="checkbox"/> <b>Never Married</b>	<input type="checkbox"/> <b>Married</b>	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 type="checkbox"/> <b>Divorced</b>	<input type="checkbox"/> <b>Legally Separated but not Divorced</b>	<input type="checkbox"/> <b>Widowed</b>
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 2

☐ (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 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.**

<b>Paid any of the following expenses to itemize in 2025?</b> <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	<b>(To be completed by certified volunteer) Standard or Itemized Deductions</b> <input type="checkbox"/> (A) 1098 # _____ <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	<b>Notes/Comments</b>
<b>Paid any of these expenses in 2025?</b> <input 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)	<b>(To be completed by certified volunteer) Expenses to report</b> <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	<b>Notes/Comments</b>
<b>Did any of the following happen during 2025?</b> <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	<b>(To be completed by certified volunteer) Information to report</b> <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	<b>Notes/Comments</b>

## 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"/> <b>American Indian or Alaska Native</b> (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"/> <b>American Indian or Alaska Native</b> (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"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			<input type="checkbox"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)		
<input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			<input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)		
<input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			<input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)		
<input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			<input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)		
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)		
<input type="checkbox"/> <b>White</b> (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			<input type="checkbox"/> <b>White</b> (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

BANIC 021200339

ACC7 123456789

RENT \$900

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 22-2046101		1 Wages, tips, other compensation 18190		2 Federal income tax withheld 701	
c Employer's name, address, and ZIP code RICK BUS 1339 LOWER FERRY RD. EWING, NJ 08618		3 Social security wages 18190		4 Social security tax withheld 1128	
		5 Medicare wages and tips 18190		6 Medicare tax withheld 264	
		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. LISA SIMPSON 123 MAIN ST. APT. 1 TRENTON, NJ 08618		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other NJSDI 77 NJSDI 47 NJFLI 25		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NJ 222046101	16 State wages, tips, etc. 18190	17 State income tax 282	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

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 210515330		1 Wages, tips, other compensation 413		2 Federal income tax withheld 32	
c Employer's name, address, and ZIP code WAWA 260 W. BALTIMORE PIKE WAWA, PA 19063		3 Social security wages 413		4 Social security tax withheld 26	
		5 Medicare wages and tips 413		6 Medicare tax withheld 6	
		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. LISA SIMPSON 123 MAIN ST APT 1 TRENTON, NJ 08618		11 Nonqualified plans		12a	
		13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number NJ 210515330		16 State wages, tips, etc. 413		17 State income tax 2	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement  
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2025

Department of the Treasury—Internal Revenue Service