

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.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please 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 wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name MARSHA	M.I.	Last name BRADY	Daytime telephone number 609 111 1111	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 546 MAIN ST			Apt #	City TRENTON
State NJ		ZIP code 08610		
4. Your Date of Birth 7/4/97	5. Your job title TECH		6. Last year, were you:	
		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No		
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?	<input checked="" type="checkbox"/> Never Married	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
	<input type="checkbox"/> Married	a. If Yes, Did you get married in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Divorced	b. Did you live with your spouse during any part of the last six months of 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Legally Separated	Date of final decree _____
	<input type="checkbox"/> Widowed	Date of separate maintenance decree _____
		Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

To be completed by a Certified Volunteer Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,300 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>3</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

☐ You

☐ Spouse

3. If you are due a refund, would you like:

a. Direct deposit

☐ Yes

☒ No

b. To purchase U.S. Savings Bonds

☐ Yes

☐ No

c. To split your refund between different accounts

☐ Yes

☐ No

4. If you have a balance due, would you like to make a payment directly from your bank account?

☐ Yes

☐ No

5. Did you live in an area that was declared a Federal disaster area?

☐ Yes

☒ No

If yes, where?

6. Did you, or your spouse if filing jointly, receive a letter from the IRS?

☐ Yes

☒ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

☐ Prefer not to answer

8. Would you say you can read a newspaper or book in English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

☐ Prefer not to answer

9. Do you or any member of your household have a disability?

☐ Yes

☐ No

☐ Prefer not to answer

10. Are you or your spouse a Veteran from the U.S. Armed Forces?

☐ Yes

☐ No

☐ Prefer not to answer

11. Your race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Prefer not to answer

12. Your spouse's race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Prefer not to answer

☐ No spouse

13. Your ethnicity?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Prefer not to answer

14. Your spouse's ethnicity?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Prefer not to answer

☐ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. 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, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W CAR MP.T T.SP, 1111 Constitution Ave. NW, Washington, DC 20224

Form **15080 (EN-SP)**
(July 2020)**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 12, 2022.

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.

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 12, 2022). 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

MARSHA BRADY

Date

2/20/20

Secondary taxpayer printed name and signature

Date

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	292.00	Social Security Tax Withheld Box 4 of W-2	18.10	NJ. State Income Tax Box 17 of W-2 SUI/SDI/FLI Box 14 of W-2	4.09
Fed. Income Tax Withheld Box 2 of W-2	14.11	Medicare Tax Withheld Box 6 of W-2	4.23		2.05

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	292.00	292.00	292.00	292.00
Reported W-2 Wages	292.00	292.00	292.00	292.00

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept

JOHN BRADY
4
MARSH
BRADY

Social Security Number: 142-76-9470

Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1

STATE: 1 Table A SINGLE

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Fold and Detach Here

Control number 913 PHIL/YCH Dept 765 Corp. T Employer use only 176

Employer's name, address, and ZIP code
COMPUNNEL SOFTWARE GROUP INC
103 MORGANE LANE #102
PLAINESBORO NJ 08536

Batch #01349

Employee's name, address, and ZIP code
[REDACTED]

Employee's FED ID number 58-2137105 a Employee's SSA number [REDACTED]

Wages, tips, other comp. 292.00 2 Federal income tax withheld 14.11

Social security wages 292.00 4 Social security tax withheld 18.10

Medicare wages and tips 292.00 6 Medicare tax withheld 4.23

Social security tips 8 Allocated tips

Verification Code 837-98d5-3cf5-0975 10 Dependent care benefits

Nonqualified plans 12a See instructions for box 12

Other 12b 12c 12d 13 Stat emp./Ret. plan 3rd party sick pay

124 UNWF/SWF .55 NJ DI .28 FLI

State Employer's state ID no. 582137105/000 16 State wages, tips, etc. 292.00

State income tax 4.09 18 Local wages, tips, etc.

Social income tax 20 Locality name

Wages, tips, other comp. 292.00 2 Federal income tax withheld 14.11

Social security wages 292.00 4 Social security tax withheld 18.10

Medicare wages and tips 292.00 6 Medicare tax withheld 4.23

Control number 913 PHIL/YCH Dept 765 Corp. T Employer use only 176

Employer's name, address, and ZIP code
COMPUNNEL SOFTWARE GROUP INC
103 MORGANE LANE #102
PLAINESBORO NJ 08536

Employee's FED ID number 58-2137105 a Employee's SSA number [REDACTED]

Social security tips 8 Allocated tips

Verification Code 837-98d5-3cf5-0975 10 Dependent care benefits

Nonqualified plans 12a See instructions for box 12

Other 12b 12c 12d 13 Stat emp./Ret. plan 3rd party sick pay

124 UNWF/SWF .55 NJ DI .28 FLI

Employee's name, address, and ZIP code
[REDACTED]

1 Wages, tips, other comp. 292.00 2 Federal income tax withheld 14.11

3 Social security wages 292.00 4 Social security tax withheld 18.10

5 Medicare wages and tips 292.00 6 Medicare tax withheld 4.23

d Control number 007913 PHIL/YCH Dept 765 Corp. T Employer use only 176

c Employer's name, address, and ZIP code
COMPUNNEL SOFTWARE GROUP INC
103 MORGANE LANE #102
PLAINESBORO NJ 08536

b Employee's FED ID number 58-2137105 a Employee's SSA number [REDACTED]

7 Social security tips 8 Allocated tips

9 Verification Code 10 Dependent care benefits

11 Nonqualified plans 12a

14 Other 12b 12c 12d 13 Stat emp./Ret. plan 3rd party sick pay

124 UNWF/SWF .55 NJ DI .28 FLI

e/f Employee's name, address, and ZIP code
[REDACTED]

1 Wages, tips, other comp. 292.00 2 Federal income tax withheld 14.11

3 Social security wages 292.00 4 Social security tax withheld 18.10

5 Medicare wages and tips 292.00 6 Medicare tax withheld 4.23

d Control number 007913 PHIL/YCH Dept 765 Corp. T Employer use only 176

c Employer's name, address, and ZIP code
COMPUNNEL SOFTWARE GROUP INC
103 MORGANE LANE #102
PLAINESBORO NJ 08536

b Employee's FED ID number 58-2137105 a Employee's SSA number [REDACTED]

7 Social security tips 8 Allocated tips

9 Verification Code 10 Dependent care benefits

11 Nonqualified plans 12a

14 Other 12b 12c 12d 13 Stat emp./Ret. plan 3rd party sick pay

124 UNWF/SWF .55 NJ DI .28 FLI

e/f Employee's name, address, and ZIP code
[REDACTED]

V-2 Wage and Tax Statement 2019
OMB No. 1545-0045
Control number 05046 WX9
Dept. HR/NJ
Corp. NCB0
A S 4263

Employer's name, address, and ZIP code
MENTOR MANAGEMENT INC
BA THE MENTOR NETWORK
13 CONGRESS STREET
OSTON, MA 02210
RETURN POSTAGE GUARANTEED

Employee's name, address, and ZIP code
[REDACTED]

Employer's FED ID number 80-0061183	Employee's SSA number [REDACTED]
Wages, tips, other comp. 8853.31	2 Federal income tax withheld 1117.62
Social security wages 8853.31	4 Social security tax withheld 548.91
Medicare wages and tips 8853.31	6 Medicare tax withheld 128.37
Social security tips	8 Allocated tips
10 Dependent care benefits	
12a See instructions for box 12	
12b	
12c	
12d	
13 Stat emp./Ret. plan/3rd party sick pay	
16 State wages, tips, etc. 8853.31	
18 Local wages, tips, etc. 175.64	
20 Locality name	

portion in more detail. The reverse side includes general information you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.
GROSS PAY 8,853.31
SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 548.91
MEDICARE TAX WITHHELD BOX 06 OF W-2 128.37
SUI/SDI BOX 14 OF W-2 37.62

FED. INCOME TAX WITHHELD BOX 02 OF W-2 1,117.62

STATE INCOME TAX BOX 17 OF W-2 175.64
LOCAL INCOME TAX BOX 19 OF W-2 0.00

To change your employee W-4 profile information file a new W-4 with your payroll department

MARSHA BRADY

Social Security Number: 142-76-0470

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PAGE 01 OF 01

Wages, tips, other comp. 8853.31	2 Federal income tax withheld 1117.62
Social security wages 8853.31	4 Social security tax withheld 548.91
Medicare wages and tips 8853.31	6 Medicare tax withheld 128.37
Control number 05046 WX9	Dept. HR/NJ
Corp. NCB0	Employer use only A 4263
Employer's name, address, and ZIP code MENTOR MANAGEMENT INC BA THE MENTOR NETWORK 13 CONGRESS STREET OSTON, MA 02210 RETURN POSTAGE GUARANTEED	

Employer's FED ID number 80-0061183	Employee's SSA number [REDACTED]
Social security tips	8 Allocated tips
10 Dependent care benefits	
12a See instructions for box 12	
12b	
12c	
12d	
13 Stat emp./Ret. plan/3rd party sick pay	
Employee's name, address, and ZIP code [REDACTED]	

1 Wages, tips, other comp. 8853.31	2 Federal income tax withheld 1117.62
3 Social security wages 8853.31	4 Social security tax withheld 548.91
5 Medicare wages and tips 8853.31	6 Medicare tax withheld 128.37
d Control number 000205046 WX9	Dept. HR/NJ
Corp. NCB0	Employer use only A 4263

c Employer's name, address, and ZIP code
MENTOR MANAGEMENT INC
DBA THE MENTOR NETWORK
313 CONGRESS STREET
BOSTON, MA 02210
RETURN POSTAGE GUARANTEED

b Employer's FED ID number 80-0061183	a Employee's SSA number [REDACTED]
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a
14 Other 8.85 FLI 37.62 UH/CWD	12b
	12c
	12d
13 Stat emp./Ret. plan/3rd party sick pay	
e/f Employee's name, address, and ZIP code [REDACTED]	

1 Wages, tips, other comp. 8853.31	2 Federal income tax withheld 1117.62
3 Social security wages 8853.31	4 Social security tax withheld 548.91
5 Medicare wages and tips 8853.31	6 Medicare tax withheld 128.37
d Control number 000205046 WX9	Dept. HR/NJ
Corp. NCB0	Employer use only A 4263

c Employer's name, address, and ZIP code
MENTOR MANAGEMENT INC
DBA THE MENTOR NETWORK
313 CONGRESS STREET
BOSTON, MA 02210
RETURN POSTAGE GUARANTEED

b Employer's FED ID number 80-0061183	a Employee's SSA number [REDACTED]
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a
14 Other 8.85 FLI 37.62 UH/CWD	12b
	12c
	12d
13 Stat emp./Ret. plan/3rd party sick pay	
e/f Employee's name, address, and ZIP code [REDACTED]	

		a Employee's social security number 1 [REDACTED]		OMB No. 1545-0008		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.	
b Employer identification number (EIN) 34-1696251				1 Wages, tips, other compensation 1104.00		2 Federal income tax withheld 84.68	
c Employer's name, address, and ZIP code TRADESMEN INTERNATIONAL LLC 9760 SHEPARD ROAD MACEDONIA, OH 44056				3 Social security wages 1104.00		4 Social security tax withheld 68.45	
				5 Medicare wages and tips 1104.00		6 Medicare tax withheld 16.01	
				7 Social security tips		8 Allocated tips	
d Control number 100001				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial Last name [REDACTED] [REDACTED] MARSHA [REDACTED] [REDACTED] BRADY				Suff. 11 Nonqualified plans		12a See instructions for box 12 Code	
f Employee's address and ZIP code				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code	
				14 Other UI/WF/SWF 4.63 DI 1.88 DI P.P# 341-696-251/000		12c Code	
						12d Code	
15 State NJ	Employer's state ID number 341-696-251/000	16 State wages, tips, etc. 1104.00	17 State income tax 16.56	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
COPY 2 To Be Filed with Employees State, City or Local Income Tax Return

2019
2020

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



00008636 001170 001170 1/1 000000 8376714 2351-2352



~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

Account Number: 9757095385-1

Important Tax Information

01/08/20

While we cannot offer tax advice, you may be able to deduct student loan interest that you paid in 2019 on your income tax return, and other amounts paid such as loan origination fees. If you have questions about filing your taxes, please see either IRS Pub. 970, Tax Benefits for Education, or the Student Loan Interest Deduction Worksheet in your 1040 or 1040A instructions. You can also call the IRS toll-free at 800-829-1040, visit www.irs.gov, or consult your tax advisor. For questions about your Navient account, you are welcome to visit us online at Navient.com or call us toll-free at 844-NAV-I-TAX (844-628-4829). We are here to help you Monday - Thursday 8 a.m. to 9 p.m., and Friday 8 a.m. to 8 p.m., ET.

Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2019 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040A instructions.

Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.




Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2019. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are not included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments. For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098e.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Navient Solutions, LLC P.O. Box 9500 Wilkes Barre, PA 18773-9500 888-272-5543		 OMB No. 1545-1576 2019 Form 1098-E		Student Loan Interest Statement Copy B For Borrower 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
RECIPIENT'S federal identification no. 46-4054283	BORROWER'S social security number 	1 Student loan interest received by lender \$ 1,570.68		
BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  MAKSHA BRADY				
Account number (see instructions) 9757095385-1		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input checked="" type="checkbox"/>		