

- 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 MICHAEL	M.I.	Last name BRADY	Best contact 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 CAROL	M.I.	Last name BRADY	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Mailing address 346 PINE ST			Apt #	City HAMILTON	State NJ	ZIP code 08610
4. Your Date of Birth 12/06/69	5. Your job title MAINTENANCE		6. Last year, were you: b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth 7/4/70	8. Your spouse's job title SERVER		9. Last year, was your spouse: b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent?			<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)						

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?	<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law) a. If Yes, Did you get married in 2023? b. Did you live with your spouse during any part of the last six months of 2023? Date of final decree Date of separate maintenance decree Year of spouse's death	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
---	--	---	---

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 12/31/23 (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 \$4,700 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)					
JAN BRADY	12/25/2011	DAUG	12	Y	Y	S	Y	N					
GREGG BRADY	12/25/2000	SON	12	Y	Y	S	N	Y					

Check appropriate box for each question in each section

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>2</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 checked="" type="checkbox"/>	<input 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? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, 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, digital assets 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<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, digital assets, Sch K-1, royalties, foreign income, etc.)
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 type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan 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]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
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
7. Would you like information on how to vote and/or how to register to vote? ☐ 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.

8. 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
9. Would you say you can read a newspaper or book in English? ☒ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☒ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☒ No ☐ Prefer not to answer
12. Your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
13. 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
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer ☐ No spouse

Additional comments


BANK ACCOUNT 021200339 333333333

DENTAL EXPENSES....\$1200

RENT \$1100/MONTH

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

a Employee's social security number xxx xx xxxx		Safe, accurate, FAST! Use		OMB No. 1545-0008		 Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 21 0650678				1 Wages, tips, other compensation 24291		2 Federal income tax withheld 2797	
c Employer's name, address, and ZIP code RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCE TWSP NJ 08648				3 Social security wages 24291		4 Social security tax withheld 1506	
				5 Medicare wages and tips 24291		6 Medicare tax withheld 352	
				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. MICHAEL BRADY 346 PINE STREET HAMILTON, NJ 08610				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other NJSUI 64 NJSDI 34 NJFLI 15		12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NJ	210650678000	24291	707				

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

2025

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Copy C, for employee's records

d Control number 0940-14092692 0000000851 - F&B BA		Void	c Employer's name, address, and ZIP code PRINCETON THREE HOSPITALITY GR 4625 E STREET ROAD UNIT B FEASTERVILLE TREVOSE PA 19053		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-2214192		a Employee's social security number		1 Wages, tips, other compensation 12843.51		2 Federal income tax withheld 964.38
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 12843.51	4 Social security tax withheld 796.30	
12 See instructions for box 12		14 Other UI/HC/WD DI 54.58 17.98		e Employee's name, address, and ZIP code CAROL BRADY 346 PINE ST. HAMILTON, NJ 08610		5 Medicare wages and tips 12843.51
						6 Medicare tax withheld 186.23
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number NJ 452-214-192/000 NJ FLI		16 State wages, tips, etc. 12843.51	17 State income tax 291.72 17.98	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0940-14092692 0000000851 - F&B BA		Void	c Employer's name, address, and ZIP code PRINCETON THREE HOSPITALITY GR 4625 E STREET ROAD UNIT B FEASTERVILLE TREVOSE PA 19053		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-2214192		a Employee's social security number		1 Wages, tips, other compensation 12843.51		2 Federal income tax withheld 964.38
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 12843.51	4 Social security tax withheld 796.30	
12 See instructions for box 12		14 Other UI/HC/WD DI 54.58 17.98		e Employee's name, address, and ZIP code		5 Medicare wages and tips 12843.51
						6 Medicare tax withheld 186.23
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number NJ 452-214-192/000 NJ FLI		16 State wages, tips, etc. 12843.51	17 State income tax 291.72 17.98	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Copy 2, to be filed with employee's tax return for NJ

d Control number 0940-14092692 0000000851 - F&B BA		Void	c Employer's name, address, and ZIP code PRINCETON THREE HOSPITALITY GR 4625 E STREET ROAD UNIT B FEASTERVILLE TREVOSE PA 19053		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 45-2214192		a Employee's social security number		1 Wages, tips, other compensation 12843.51		2 Federal income tax withheld 964.38
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 12843.51	4 Social security tax withheld 796.30	
12 See instructions for box 12		14 Other UI/HC/WD DI 54.58 17.98		e Employee's name, address, and ZIP code		5 Medicare wages and tips 12843.51
						6 Medicare tax withheld 186.23
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State Employer's state ID number NJ 452-214-192/000 NJ FLI		16 State wages, tips, etc. 12843.51	17 State income tax 291.72 17.98	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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 2022

d Control number		Void X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld
13 Statutory	Retirement	Third-party		3 Social security wages	4 Social security tax withheld	

SAGEPOINT FINANCIAL, INC.
20 E. THOMAS ROAD
SUITE 2000
PHOENIX, AZ 85012



Envelope 9066 036105 15

0025824 02 AB 0.405 02 TR 00181 FICTOC04 000000



MICHAEL BRADY

TAX REPORTING STATEMENT

Account No. **AUB-005844** Customer Service: 602-744-3000
Recipient ID No. *****-2072** Payer's Fed ID Number: 04-3523567

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310



Form 1099-DIV*

2025 Dividends and Distributions

Copy B for Recipient
(OMB No. 1545-0110)

1a Total Ordinary Dividends	36.07
1b Qualified Dividends	26.89
2a Total Capital Gain Distributions (Includes 2b - 2d)	0.00
2b Unrecap. Sec 1250 Gain	0.00
2c Section 1202 Gain	0.00
2d Collectibles (28%) Gain	0.00
3 Nondividend Distributions	0.00
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00

6 Foreign Tax Paid	0.00
7 Foreign Country or U.S. Possession	0.00
8 Cash Liquidation Distributions	0.00
9 Non-Cash Liquidation Distributions	0.00
10 Exempt Interest Dividends	0.00
11 Specified Private Activity Bond Interest Dividends	0.00
12 State	0.00
13 State Identification No.	0.00
14 State Tax Withheld	0.00

Form 1099-INT*

2017 Interest Income

Copy B for Recipient
(OMB No. 1545-0112)

1 Interest Income	0.00
2 Early Withdrawal Penalty	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00
4 Federal Income Tax Withheld	0.00
5 Investment Expenses	0.00
6 Foreign Tax Paid	0.00
7 Foreign Country or U.S. Possession	0.00
8 Tax-Exempt Interest	0.00
9 Specified Private Activity Bond Interest	0.00

10 Market Discount	0.00
11 Bond Premium	0.00
12 Bond Premium on U.S. Treasury Obligations	0.00
13 Bond Premium on Tax-Exempt Bond	0.00
14 Tax-Exempt Bond CUSIP no.	0.00
15 State	0.00
16 State Identification No.	0.00
17 State Tax Withheld	0.00

* 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.

01/21/2018 9066036105

S 025824 FICTOC04 034150

☐ 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 PO BOX 28019 ALBUQUERQUE, NJ 87125			1 Gross distribution \$ 2000		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$ 2000						
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				
PAYER'S TIN 04-3523567		RECIPIENT'S TIN XXX XX XXXX		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 200		Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name MICHAEL BRADY Street address (including apt. no.) 436 PINE ST City or town, state or province, country, and ZIP or foreign postal code HAMILTON, NJ 08610				5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
				7 Distribution code(s) 1		IRA/ SEP/ SIMPLE <input checked="" 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.	
								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**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANK OF AMERICA		1 Date of identifiable event	OMB No. 1545-1424	
		2 Amount of debt discharged \$ 1500	Form 1099-C (Rev. January 2022)	
		3 Interest, if included in box 2 \$	For calendar year 20	
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description CREDIT CARD		Copy B For Debtor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name MICHAEL BRADY		5 If checked, the debtor was personally liable for repayment of the debt <input type="checkbox"/>		
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property \$	