

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 | Daytime telephone number 609 111 1111 | Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Your spouse's first name CAROL | M.I. | Last name BRADY | Daytime telephone number | Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Mailing address 987 MAIN ST | | Apt # | City TRENTON | State NJ ZIP code 08618 |
| 4. Your Date of Birth 7/4/48 | 5. Your job title RETIRED | | 6. Last year, were you: 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 | |
| 7. Your spouse's Date of Birth 12/25/50 | 8. Your spouse's job title RETIRED | | 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 | |
| 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 type="checkbox"/> Never Married | (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) |
| | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____ |
| <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? (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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 12. (B) Unemployment Compensation? (Form 1099G) |
| <input checked="" type="checkbox"/> | <input 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 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 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 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? |

4. 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

R.E. TAX = 12,500

TOTAL MEDICAL OUT OF POCKET = 2,500

CHARITY = \$500

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

MIKE BRADY

Date

2/15/20

Secondary taxpayer printed name and signature

CAROL BRADY



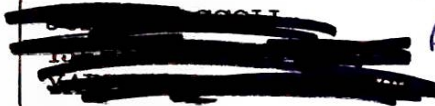

Date

2/15/20

If you believe your tax return information has been disclosed or used inappropriately, please contact the IRS at 1-800-829-1040.

2019

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

| | | |
|---|---|--|
| Box 1. Name  | | Box 2. Beneficiary's Social Security Number  |
| Box 3. Benefits Paid in 2019 \$20,802.00 | Box 4. Benefits Repaid to SSA in 2019 NONE | Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$20,802.00 |
| DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$19,176.00 Medicare Part B premiums deducted from your benefits \$1,626.00 Total Additions \$20,802.00 Benefits for 2019 \$20,802.00 | | DESCRIPTION OF AMOUNT IN BOX 4 NONE |
| | | Box 6. Voluntary Federal Income Tax Withheld NONE |
| | | Box 7. Address MICHAEL  BRADY |
| | | Box 8. Claim Number (Use this number if you need to contact SSA.)  |

Form SSA-1099-SM (1-2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

IMPORTANT: TAX INFORMATION ENCLOSED

☐ CORRECTED (if checked)

| | | | | |
|--|---|--|--|--|
| PAYER'S Name and Address New Jersey Division of Pensions and Benefits PO BOX 295 Trenton, NJ 08625-0295 | | 1 Gross distribution 6,197.04 | OMB No 1545-0119 2019 Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc. |
| PAYER'S Federal identification number 22-1917062 | | 2a Taxable amount 6,197.04 | | |
| Recipient's Identification number [REDACTED] 2010 | | 2b Taxable amount not determined <input type="checkbox"/> | 3 Capital gain (included in box 2a) | COPY B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return. |
| 4 Federal income tax withheld 120.00 | | Total distribution <input type="checkbox"/> | | |
| 5a Your percentage of total distribution | 5 Employee contributions or insurance premiums 0.00 | 9a Total employee contributions | 12 State tax withheld 120.00 | This information is being furnished to the Internal Revenue Service. |
| Recipient's name, address, and ZIP code [REDACTED] [REDACTED] [REDACTED] CAROL BRADY | | 13 State/Payer's state number NEW JERSEY | Account number (optional) 2-20-153711 | |

Form 1099-R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

| | | | | |
|--|---|--|---|--|
| PAYER'S Name and Address New Jersey Division of Pensions and Benefits PO BOX 295 Trenton, NJ 08625-0295 | | 1 Gross distribution 6,197.04 | OMB No 1545-0119 <div style="font-size: 2em; font-weight: bold;">2019</div> Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc. |
| | | 2a Taxable amount 6,197.04 | | |
| PAYER'S Federal identification number 22-1917062 | | 2b Taxable amount not determined <input type="checkbox"/> | 3 Capital gain (included in box 2a) | COPY 2 |
| Recipient's identification number * 2010 | | | | |
| 4 Federal income tax withheld 120.00 | 5 Employee contributions or insurance premiums 0.00 | 7 Distribution code 7 | | File this copy with your state, city, or local income tax return, when required |
| 9a Your percentage of total distribution | 9b Total employee contributions | 12 State tax withheld 120.00 | | |
| Recipient's name, address, and ZIP code [REDACTED] [REDACTED] [REDACTED] NJ 08620 | | 13 State/Payer's state number NEW JERSEY | | |
| | | Account number (optional) 2-20-153711 | | |

Form 1099-B

Department of the Treasury - Internal Revenue Service

**REMOVE THESE EDGES FIRST
FOLD, CREASE AND TEAR ALONG PERFORATION**

re

ADDRESS: SA

1990

Remission, N.J. 8

PO BOX 295

Division of Pa

Department of

STATE OF

0027760


☐ CORRECTED (if checked)

| | | | | | |
|--|--------------------------------------|---|---|---|------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. Building Service 32BJ Pension Fund 25 W 18 St New York NY 10011-4676 (212)388-3500 | | 1 Gross distribution \$ 3888.00 2a Taxable amount \$ 3888.00 2b Taxable amount not determined <input type="checkbox"/> | OMB No. 1545-0119 2019 Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS. | |
| PAYER'S TIN [REDACTED] 131879376 | RECIPIENT'S TIN [REDACTED] | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ 0.00 | | |
| RECIPIENT'S name [REDACTED] MICHAEL BRADY | | 5 Employee contributions/ Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | |
| Street address (including apt. no.) [REDACTED] | | 7 Distribution code(s) 7 | 8 Other \$ % | | |
| City or town, state or province, country, and ZIP or foreign postal code [REDACTED] | | 9a Your percentage of total distribution % | 9b Total employee contributions \$ | | |
| 10 Amount allocable to IRR | 11 1st year of | FATCA filing | 12 State tax withheld | 13 State/Payer's state no | 14 State distribution |

CONGOLEUM HOURLY
3500 QUAKERBRIDGE RD
MERCERVILLE, NJ 08619

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

CAROL
BRADY

CON02M

173
8 - 65396

██████████
██████████ FLORENCE AVE APT 2
██████████ NJ 08610-1732



| | | | | | | |
|---|-------------------------------------|--|-------------------------------|-----------------------------|---|-----------------------------|
| PAYER'S Federal ID number 25-1926855 | RECIPIENT'S ID number ██████████ | Account number (see instructions) CON02M 030000 | Date of Payment ██████████ | 15 Local tax withheld \$ | 16 Name of locality NJ/251-926-855/000 | 17 Local distribution \$ |
|---|-------------------------------------|--|-------------------------------|-----------------------------|---|-----------------------------|

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

BNY MELLON DISBURSEMENT AGENT
CONGOLEUM HOURLY
3500 QUAKERBRIDGE RD
MERCERVILLE, NJ 08619

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

██████████
██████████
██████████ FLORENCE AVE
██████████ NJ 08610

| | | | | | | |
|---|-------------------------------------|--|-------------------------------|-----------------------------|---|-----------------------------|
| PAYER'S Federal ID number 25-1926855 | RECIPIENT'S ID number ██████████ | Account number (see instructions) CON02M 030000 | Date of Payment ██████████ | 15 Local tax withheld \$ | 16 Name of locality NJ/251-926-855/000 | 17 Local distribution \$ |
|---|-------------------------------------|--|-------------------------------|-----------------------------|---|-----------------------------|

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

BNY MELLON DISBURSEMENT AGENT
CONGOLEUM HOURLY
3500 QUAKERBRIDGE RD
MERCERVILLE, NJ 08619

Customer service telephone number: 800-418-0273

RECIPIENT'S name and address

██████████

| | | | |
|---|---|---|--|
| 1 Gross distribution \$ 3,621.84 | 2a Taxable amount \$ 3,621.84 | OMB No. 1545-01 201 Form 1099- Distributor From Pension Annuities Retirement Profit-Sharing Plans, IRA Insurance Contracts, etc. This information is be turnished to the Inter Revenue Serv | |
| 2b Taxable amount not determined <input type="checkbox"/> | Total distribution <input type="checkbox"/> | | |
| 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | |
| 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | |
| 7 Distribution code(s) 7 | IRA SER/ SIMPLE <input type="checkbox"/> | 8 Other \$ % | COPY C For Recipient's Records |
| 9a Your percentage of total distribution % \$ | 9b Total employee contributions % \$ | | |
| 10 Amount allocable to IRA within 5 years \$ | 11 1st year of desig. Roth contrib. \$ | FATCA filing requirement <input type="checkbox"/> | |
| 12 State tax withheld \$ | 13 State Payer's state no. NJ/251-926-855/000 | 14 State distribution \$ 3,621.8 | |
| 15 Local tax withheld \$ | 16 Name of locality NJ/251-926-855/000 | 17 Local distribution \$ | |

| | | | |
|---|---|---|--|
| 1 Gross distribution \$ 3,621.84 | 2a Taxable amount \$ 3,621.84 | OMB No. 1545-01 201 Form 1099- Distributor From Pension Annuities Retirement Profit-Sharing Plans, IRA Insurance Contracts, etc. This information is be turnished to the Inter Revenue Serv | |
| 2b Taxable amount not determined <input type="checkbox"/> | Total distribution <input type="checkbox"/> | | |
| 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | |
| 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | |
| 7 Distribution code(s) 7 | IRA SER/ SIMPLE <input type="checkbox"/> | 8 Other \$ % | COPY 2 File this cop with your stat city, or loc income ta return, wh require |
| 9a Your percentage of total distribution % \$ | 9b Total employee contributions % \$ | | |
| 10 Amount allocable to IRA within 5 years \$ | 11 1st year of desig. Roth contrib. \$ | FATCA filing requirement <input type="checkbox"/> | |
| 12 State tax withheld \$ | 13 State Payer's state no. NJ/251-926-855/000 | 14 State distribution \$ 3,621.8 | |
| 15 Local tax withheld \$ | 16 Name of locality NJ/251-926-855/000 | 17 Local distribution \$ | |

| | | | |
|---|---|---|---|
| 1 Gross distribution \$ 3,621.84 | 2a Taxable amount \$ 3,621.84 | OMB No. 1545-01 201 Form 1099- Distributor From Pension Annuities Retirement Profit-Sharing Plans, IRA Insurance Contracts, etc. This information is be turnished to the Inter Revenue Serv | |
| 2b Taxable amount not determined <input type="checkbox"/> | Total distribution <input type="checkbox"/> | | |
| 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | |
| 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | |
| 7 Distribution code(s) 7 | IRA SER/ SIMPLE <input type="checkbox"/> | 8 Other \$ % | COPY B Report this income your federal tax ret. If this form shows fed income tax withhel Box 4, attach this co to your ret. |
| 9a Your percentage of total distribution % \$ | 9b Total employee contributions % \$ | | |
| 10 Amount allocable to IRA within 5 years \$ | 11 1st year of desig. Roth contrib. \$ | FATCA filing requirement <input type="checkbox"/> | |
| 12 State tax withheld \$ | 13 State Payer's state no. NJ/251-926-855/000 | 14 State distribution \$ 3,621.8 | |
| 15 Local tax withheld \$ | 16 Name of locality NJ/251-926-855/000 | 17 Local distribution \$ | |

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

109060

Recipient

PLANE
MICHAEL
BRADY

Citibank, N.A.
PO Box 43077
Providence, RI 02940-3077
Within USA, US territories & Canada 877 665 4223
Outside USA, US territories & Canada 781 575 4555
www.computershare.com/investor

Control #: 9780 0509 0722

Holder Account Number
C4005366335Co.ID
NOKCRecipient's ID No. ending in
Payer's Federal ID No.***-**-6130
00-0000000

*Uncertified accounts are subject to withholding
taxes on dividend payments and sales proceeds.

Instructions for Recipients

Recipient's Taxpayer Identification Number (TIN): For your protection, this form may show only the last four digits of your TIN. However, the issuer has reported your complete identification number to the IRS.

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040. Also, report it on Schedule B (Form 1040), if required.

Box 1b: Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a: Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2a-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 rather than Schedule D. See the Form 1040 instructions.

Box 2b: Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet - Line 19 in the Instructions for Schedule D (Form 1040).

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d: Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet - Line 18 in the Instructions for Schedule D (Form 1040).

Box 3: Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all

your cost (or other basis), report future distributions as capital gains. See Pub. 550.

Box 4: Shows backup withholding. For example, a payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5: Shows dividends eligible for the 20% qualified business income deduction under section 199A. See the Instructions for Form 1040.

Box 6: Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7: Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 8: This box should be left blank if a RIC reported the foreign tax shown in box 7.

Box 9: Shows cash liquidation distributions.

Box 11: Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 12: Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 11. See the Instructions for Form 6251.

Nominees: If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1085) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current tax year General Instructions for Certain Information Returns.

188UDR

OORTOC (Rev. 12/18)

Nokia Corporation

PAYER'S Federal identification number: 00-0000000
PAYER'S name, street address, city, state, and ZIP code
NOKIA CORPORATION
C/O CITIBANK NA
PO BOX 43077
PROVIDENCE RI 02940-3077

RECIPIENT'S ID No. ending in: ***-**-6130
Account number (see instructions): C4005366335
RECIPIENT'S name, street address, city, state, ZIP code

☐ CORRECTED (if checked)**Dividends and Distribution**

| | |
|----------------------------------|--------------------------------------|
| 1a Total ordinary dividends | 1b Qualified dividends |
| \$ 2.47 | \$ 2.47 |
| 2a Total capital gain distr. | 2b Unrecap. Sec. 1250 gain |
| \$ 0.00 | \$ 0.00 |
| 2c Section 1202 gain | 2d Collectibles (28%) gain |
| \$ 0.00 | \$ 0.00 |
| 3 Nondividend distributions | 4 Federal income tax withheld |
| \$ 0.00 | \$ 0.00 |
| 5 Section 199A dividends | 6 Investment expenses |
| \$ 0.00 | \$ 0.00 |
| 7 Foreign tax paid | 8 Foreign country or U.S. possession |
| \$ 0.37 | Finland |
| 9 Cash liquidation distributions | 11 Exempt-interest dividend |
| \$ 0.00 | \$ 0.00 |

OMB No. 1545-01

2019

Form 1099-DI

**Copy 1
For Recipient**

This is important tax information
and is being furnished to you
Internal Revenue Service

00316-28

00316

INT

☐ CORRECTED (if checked)

| | | | | | | |
|--|--|--|--|---|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | Payer's RTN (optional) | | OMB No. 1545-0112 | | Interest Income |
| FIRST POINT FCU 2733 NOTTINGHAM WAY SUITE 5 HAMILTON, NJ 08619 18778712584 | | | | 2019 | | |
| PAYER'S TIN 210703431 | | 1 Interest income \$ 211.52 | | Form 1099-INT | | |
| RECIPIENT'S TIN | | 2 Early withdrawal penalty \$ 0.00 | | Copy B | | 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 this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name MIKE d C AROL | | 3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00 | | For Recipient | | |
| Street address (including apt. no.) 617 W 10th St City or town, state or province, country, and ZIP or foreign postal code | | 4 Federal income tax withheld \$ 0.00 | | 5 Investment expenses \$ 0.00 | | |
| FATCA filing requirement <input type="checkbox"/> | | 6 Foreign tax paid \$ 0.00 | | 7 Foreign country or U.S. possession | | |
| Account number (see instructions) *****19 | | 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 Treasury obligations \$ 0.00 | | 13 Bond premium on tax-exempt bond \$ 0.00 | | |
| | | 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

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 9949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (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 TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 9938.

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

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2018 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 9912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).