

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 PETER	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 246 MAIN ST.			Apt #	City TRENTON
State NJ		ZIP code 08618		
4. Your Date of Birth 4/4/95	5. Your job title RN		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? _____
<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 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 checked="" 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 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?

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

PETER BRADY

Date

2/20/21

Secondary taxpayer printed name and signature

Date

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

Employee Reference Copy

N-2 Wage and Tax Statement 2019

OMB No. 1545-0048

Control number	Dept.	Corp.	Employer use only
4625 CL12/CHL	702310		A 1525

Employer's name, address, and ZIP code

CAPITAL HEALTH SYSTEM
INC
750 BRUNSWICK AVE
TRENTON NJ 08638

Batch #02810

Employee's name, address, and ZIP code

[REDACTED]
[REDACTED]
[REDACTED]

Employer's FED ID number	a Employee's 68A number
22-3548695	[REDACTED]

Wages, tips, other comp.	2 Federal income tax withheld
30890.67	4067.23

Social security wages	4 Social security tax withheld
31540.67	1955.52

Medicare wages and tips	6 Medicare tax withheld
31540.67	457.34

Social security tips	8 Allocated tips

	10 Dependent care benefits

Nonqualified plans	12a See instructions for box 12
	E 650.00

Other	12b
	12c
	12d

134.05 UI/WF/SWF 33.62 NJ DI 25.23 FLI	13 Stat emp Ret plan 3rd party sick pay
	X

State	Employer's state ID no.	16 State wages, tips, etc.
IJ	223548695/000	31540.67

State income tax	18 Local wages, tips, etc.
543.19	

Local income tax	20 Locality name

1. 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	31,540.67	31,540.67	31,540.67	31,540.67
Less 403(b) (E-Box 12)	650.00	N/A	N/A	N/A
Reported W-2 Wages	30,890.67	31,540.67	31,540.67	31,540.67

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

[REDACTED]
[REDACTED]
[REDACTED]

Social Security Number: 156-70-7310

Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1 \$45 Additional Tax

STATE: 0 Table A SINGLE

Form 1099-R ☐ **CORRECTED** (if checked) OMB No. 1545-0119 **2019**

1 Gross distribution \$ 2075.16	2a Taxable amount \$ 2075.16
2b Taxable amount Not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
Account number (see instructions) 336159308	Date of Payment

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code,
and phone no.

U. S. Steel Retirement Plan Trust (4)
600 Grant Street
Pittsburgh, PA 15219

PAYER'S TIN
23-7961527

RECIPIENT'S TIN
[REDACTED]

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

PETER BRADY

3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00	5 Employee contributions/Designated Roth contributions or insurance premium \$ 0.00	
6 Net unrealized appreciation in employer's securities \$ 0.00	7 Distribution code(s) 1	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ 0.00
9a Your percentage of total distribution	9b Total employee contributions \$ 0.00	10 Amount allocable to IRR within 5 years \$ 0.00	11 1 st year of desig. Roth contrib.
			FATCA filer requirement <input type="checkbox"/>

12 State tax withheld \$ 0.00	13 State/Payer's state no. NJ237861527000	14 State distribution \$ 2075.16
\$		\$
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$
\$		\$

Copy 2

**File this copy with your state, city, or
local income tax return, when required**

Department of the Treasury
Internal Revenue Service

ENTER name, street address, city/town, and ZIP code, and telephone no.

**NEW JERSEY DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
PO BOX 916
TRENTON, NJ 08625-0916**

1 Unemployment compensation

\$2,754.00

2 State or local income tax withheld, credits, or offsets

OMB No. 1545-0023

2019

Form 1009-G

Certain
Government
Payments

PAYER'S Federal Identification number

22-2481818

RECIPIENT'S Identification number

154-00-0000

3 How 7 amount is for tax year

4 Federal income tax withheld

\$0.00

Copy B
For Recipient

RECIPIENT'S Name

ATANUO, JEROME

5 AIAA payments

\$

6 Social Security

\$

Street address (including apt. no.)

1800000000

7 Agricultural payments

\$

8 If checked, box 2 is

total or net income

☐

City, state, and ZIP code

08625-0916

Unemployment Insurance

Account number (see instructions)

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 omitted and
the IRS determines that
it has not been
reported.