



EX-03 Caldwell Documents

Driver's License (Tax Training Only)		Driver's License (Tax Training Only)	
License No. 20201112101835		License No. 20201112101648	
Name and Address RAY M CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		Name and Address MALLORY S CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901	
Birth Date 03/15/1988		Birth Date 06/24/1990	
Issue Date 02/24/2020	Expiration Date 02/24/2025	Issue Date 06/04/2020	Expiration Date 06/04/2025

social Security

013-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

RAY M CALDWELL

For Tax Training Purposes Only

social Security

113-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MALLORY S HUGHES

For Tax Training Purposes Only

social Security

213-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

JASON CALDWELL

For Tax Training Purposes Only

social Security


313-00-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR


NANCY HUGHES

For Tax Training Purposes Only

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		a. Employee's social security number 013-00-XXXX	Save, accurate, FAST! Use			Visit the IRS website at www.irs.gov/efile		
			OMB No. 1545-0008					
b. Employer identification number (EIN)		1. Wages, tips, other compensation		2. Federal income tax withheld				
45-9000252		\$39,419.53		\$3,950.00				
c. Employer's name, address, and ZIP code CARSON COUNTY SCHOOL DISTRICT 34 WEST PINE CIRCLE SUMMIT, NJ 07901		3. Social security wages		4. Social security tax withheld				
		\$43,619.53		\$2,704.41				
		5. Medicare wages and tips		6. Medicare tax withheld				
		\$43,619.53		\$632.48				
		7. Social security tips		8. Allocated tips				
d. Control number		9.		10. Dependant care benefits				
e. Employee's first name and initial Employee's address and ZIP code RAY M. CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		11. Nonqualified plans		12a. See instructions for box 12				
				E		\$2,000.00		
		13. Statutory Employee		Retirement Plan		12b.		
		<input type="checkbox"/>		<input checked="" type="checkbox"/>		DD		\$8,956.00
		14. Other				12c.		
NJSUI		146.20		C		\$98.00		
NJSUI		58.48		12d.				
NJFLI		27.52						
414(H)		2,200.00						
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	459000252	\$45,419.53	2,081.00					
Form W-2 Wage and Tax Statement 2019 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.								

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		a. Employee's social security number 013-00-XXXX		Save. accurate, FAST! Use OMB No. 1545-0008		 Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 61-3000252		1. Wages, tips, other compensation \$10,000.00		2. Federal income tax withheld \$300.00			
c. Employer's name, address, and ZIP code SECOND STREET BAR 123 PARK BLVD SUMMIT, NJ 07901		3. Social security wages \$9,000.00		4. Social security tax withheld \$620.00			
		5. Medicare wages and tips \$10,000.00		6. Medicare tax withheld \$145.00			
		7. Social security tips \$1,000.00		8. Allocated tips			
d. Control number		9.		10. Dependant care benefits			
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code RAY M. CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		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 42.50		12c.			
		NJSDI 17.00		12d.			
		NJFLI 8.00					
15. State NJ	Employer's state ID number 613000252/000	16. State wages, tips, etc. \$10,000.00	17. State income tax 75.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
Form W-2 Wage and Tax Statement 2019 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.							

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<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ACME FINANCIAL CORPORATION 412 WALL ST NEW YORK, NY 10003		Payer's RTN (optional)		OMB No. 1545-0112 <h1 style="margin: 0;">2019</h1> Form 1099-INT		Interest Income Copy B For Recipient 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
		1 Interest income				
		2 Early withdrawal penalty				
PAYER'S TIN	RECIPIENT'S TIN	3 Interest on US Savings Bonds and Treas. obligations				
89-6000752	013-00-XXXX	4 Federal income tax withheld	5 Investment expenses			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		6 Foreign Tax Paid	7 Foreign Country or US possession			
		8 Tax exempt interest	9 Specified private activity bond interest			
		\$2,000.00				
		10 Market Discount	11 Bond Premium			
		12 Bond premium on Treasury obligations	13 Bond Premium on tax-exempt bond			
		<input type="checkbox"/> FATCA filing requirement				
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no.	17 State tax withheld	
Form 1099-INT						

The supplemental information provided states that the tax-exempt interest came from the following sources:

New Jersey Turnpike Bond	\$200
California Freeway Bonds	\$800
Arizona Build The Wall Bonds	\$1,000

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<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ACE FINANCIAL CORP 714 S MAIN ST CHERRYVILLE, NC 28201		1 Total Ordinary Dividends \$256.50	OMB No. 1545--0110 2019 Form 1099-DIV	Dividends and Distributions Copy B For Recipient 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.
		1b Qualified Dividends \$197.49		
		2a Total capital gain distr. \$86.00	2b Unrecap. Sec. 1250 gain	
PAYER'S TIN 72-6000456	RECIPIENT'S TIN 013-00-XXXX	2c Section 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code RAY M. CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		3 Nondividend distributions \$52.00	4 Federal income tax withheld	
		5 Section 199A dividends	6 Investment expenses	
		7 Foreign Tax Paid \$19.15	8 Foreign Country or US possession	
	FATCA filing requirement <input type="checkbox"/>	9 Cash liquidation distributions	10 Noncash liquidation distribution	
		11 Exempt-Interest dividends \$200.16	12 Specified private activity bond interest dividends \$74.10	
Account number (see instructions)		13 State	14 State Identification no.	
		15 State tax withheld		
Form 1099-DIV				

The exempt interest dividends on line 11 of the 1099-DIV is:

- \$50.16 from Dreyfuss NJ Tax-Exempt Fund
- \$150 from Fidelity Municipal Tax-Exempt Fund
- The following table was provided by Ray which he obtained from ACE Financial Corp.

	Dreyfus New Jersey Tax-Exempt Fund	Fidelity Municipal Tax-Exempt Fund
Puerto Rico Recovery Bonds	5%	9%
Federal Treasury Bonds	4%	1%
New York Thruway Bonds	8%	40%
New Jersey Turnpike Bonds	81%	45%
Misc	2%	5%

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<input type="checkbox"/> CORRECTED (if checked)				2019 Form 1099-R		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, ZIP or foreign postal code Telephone no. LIBERTY TRUST CORP PO BOX 1697 FAIRVIEW, KY 42221			1 Gross distribution \$3,500.00			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	
			2a Taxable amount \$3,500.00				
			2b Taxable amount not determined. <input checked="" type="checkbox"/>	Total Distribution <input type="checkbox"/>			
3 Capital gain (included in box 2a).		4 Federal income tax withheld					
PAYER'S TIN 63-2000752		RECIPIENT'S TIN 013-00-XXXX		5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal RAY M CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901			7 Distribution Code(s) 1	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other %		
			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.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld	13 State/Payer's state no.
Account number (see instructions)		Date of payment	15 Local tax withheld	16 Name of locality		17 Local distribution	
Form 1099-R							

EX-03 Caldwell Documents

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. ABC DAYCARE INC PO BOX 1099 SAN DIEGO, CA 91909		1 Rents	OMB No. 1545-0115 <div style="font-size: 2em; font-weight: bold; text-align: center;">2019</div> Form 1099-MISC		Miscellaneous Income Copy B For Recipient
		2 Royalties			
		3 Other Income	4 Federal income tax withheld		
PAYER'S TIN 74-9001234	RECIPIENT'S TIN 113-00-XXXX	5 Fishing boat proceeds	6 Medical and health care payments		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.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code MALLORY S CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		7 Nonemployee Compensation 2400	8 Substitute payments in lieu of dividends or interest		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>	10 Crop Insurance proceeds		
		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
Form 1099-MISC					

Mallory Caldwell –Summary of income and expenses:

Income:	ABC Daycare (1099-MISC):	\$2,400.00
	Children's parties (paid in cash):	\$5,500.00
Expenses:	License/Fees:	\$190.00
	Liability Insurance:	\$315.00
	Costumes:	\$1,389.97
	Candy/prizes:	\$278.46
	Books:	\$261.17
	Advertising:	\$200.00
Car: 2010 Toyota; Placed in service: 3/23/2015; Available for personal use: yes; Second card available: yes		
Mileage: Business: 340, Commuting: 1,367, Other: 10,562 (written mileage log available)		

EX-03 Caldwell Documents

CORRECTED (if checked)

FILER'S name Street address City or town, state or province, country, ZIP or Foreign Postal Code Telephone number OAKLAND UNIVERSITY 677 OAKLAND BLVD COLUMBUS, OH 43216		1 Payments received for qualified tuition and related expenses <p style="text-align: center; font-size: 1.2em;">\$10,200.00</p>	OMB No. 1545-1574 <p style="text-align: center; font-size: 2em; font-weight: bold;">2019</p>	Tuition Statement
		2 <p style="text-align: center; font-weight: bold;">Form 1098-T</p>		
FILER'S employer identification no. <p style="text-align: center;">10-8001234</p>	STUDENT'S TIN <p style="text-align: center;">213-00-XXXX</p>	3 If this box is checked, your educational institution has changed its reporting method for 2019. <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
STUDENT'S name Street address (including apt. no.) City or town, state or province, country, ZIP or Foreign Postal Code JASON CALDWELL 6744 NORTH ELM SUMMIT, NJ 07901		4 Adjustments made for a prior year	5 Scholarships or grants <p style="text-align: center; font-size: 1.2em;">6700</p>	
Service Provider/Acct No. (see instr.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2020. > <input type="checkbox"/>	
8. Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund	
Form 1098-T				

Ray provided the following details about these college expenses-

Tuition	\$10,200 (as per Box 1 of the 1098-T)
Room and Board	\$3,300
Athletic Fee (voluntary)	\$100
Books Purchased Online	\$275