

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer ROLAND G JAMES		***-**-4275	03/26/1965		MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>
Spouse KATHRYN JAMES		***-**-3750	06/18/1971		HOMEMAKER	<input type="checkbox"/>	<input type="checkbox"/>
Street Address HWY 28 E 6134		Apt.	City or town SOAP LAKE	State WA	Zip Code 98851	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone (509) 345-0053		
Spouse's E-mail Address(es)				Spouse's Mobile Phone			

2. FILING STATUS

☐ Single
 ☐ Check if parent (or someone else) can claim you as a dependent on their return.

☒ Married Filing Joint
 ☐ Check if you lived apart from your spouse for all of 2022.

☐ Married Filing Separate

☐ Head of Household

☐ Qualifying Widow(er)
 Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
STERLING JAMES	Son	06/13/1999	***-**-0419		<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? ☐ Yes ☐ No

Bank Account Ownership Type Bank name Routing number Account number Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account Ownership Type Bank name Routing number Account number Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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5. IDENTIFICATION INFORMATION

Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number Location of issuance Issue date Expiration date	Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number Location of issuance Issue date Expiration date
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PAYER'S name, street address, city, state, and ZIP code
National Financial Services LLC as agent for
FIDELITY INVESTMENTS
P.O. Box 28019
Albuquerque, NM 87125-8019



RECIPIENT'S Name and Address

ROLAND G JAMES
HWY 28 E 6134
SOAP LAKE WA 98851

eDelivered

1 Gross distribution		2a Taxable amount		
\$ 19,933.00		\$ 19,933.00		
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		
\$		\$ 1,112.90		
5 Employee contributions/ Designated Roth contrib. or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other		
1	X	\$ %		
9a Your percentage of total distribution		9b Total employee contributions		
% \$		\$		
14 State tax withheld		15 State/Payer's state no.		16 State distribution
\$		WA		\$
17 Local tax withheld		18 Name of locality		19 Local distribution
\$				\$

Customer service phone number 800-544-6666

PAYER'S TIN	RECIPIENT'S TIN	Account Number
04-3523567	***-**-4275	235-195909-001

OMB No. 1545-0119
2022
Form 1099-R:
Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.
This information is
being furnished to
the Internal Revenue
Service.

COPY C

For
Recipient's
Records

FORM 1099-R

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code
National Financial Services LLC as agent for
FIDELITY INVESTMENTS
P.O. Box 28019
Albuquerque, NM 87125-8019



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COPY 2

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

FORM 1099-R

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code
National Financial Services LLC as agent for
FIDELITY INVESTMENTS
P.O. Box 28019
Albuquerque, NM 87125-8019



RECIPIENT'S Name and Address

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HWY 28 E 6134
SOAP LAKE WA 98851

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This information is
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Service.

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.

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Wenatchee Valley College Business Office 1300 5th St Wenatchee WA 98801-1741 Debra Maxwell 509/682-6413		1 Payments received for qualified tuition and related expenses \$ 1392.50 2	OMB No. 1545-1574 2022 Form 1098-T	Tuition Statement 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.
FILER'S employer identification no. 910817705	STUDENT'S TIN *****4275	3		
STUDENT'S name Roland G James		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 1404.50	
Street address (including apt. no.) 6134 HIGHWAY 38E		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2023 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code SOAP LAKE WA 98851 USA		8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.) 201831204		10 Ins. contract reimb./refund \$		

Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Form 1040. Also, for more information, go to www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

Box 1. Shows the total payments received by an eligible educational institution in 2023 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2023 that relate to those payments received during 2023.

Box 2. Reserved for future use.

Box 3. Reserved for future use.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit

that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

TIP: You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040-X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January–March 2024. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098T.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy

W-2 Wage and Tax Statement 2022

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
005873 SEAT/P7X	058035	T	877

c Employer's name, address, and ZIP code 601-115-39
NORCO INC
1125 WEST AMITY
BOISE ID 83705

Batch #00883

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

EMMET JAMES
6134 WA-28
SOAP LAKE WA 98851

b Employer's FED ID number	a Employee's SSA number
82-0277763	XXX-XX-1024

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

3 Social security wages	4 Social security tax withheld
-------------------------	--------------------------------

5 Medicare wages and tips	6 Medicare tax withheld
---------------------------	-------------------------

7 Social security tips	8 Allocated tips
------------------------	------------------

9	10 Dependent care benefits
---	----------------------------

11 Nonqualified plans	12a See instructions for box 12
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14 Other	12b
----------	-----

12c	12d
-----	-----

13 Stat emp.	Ret. plan	3rd party sick pay
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15 State	Employer's state ID no.	16 State wages, tips, etc.
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17 State income tax	18 Local wages, tips, etc.
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19 Local income tax	20 Locality name
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This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

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	WA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	0.00	0.00	0.00	
Reported W-2 Wages	0.00	0.00	0.00	

2. Employee Name and Address.

EMMET JAMES
6134 WA-28
SOAP LAKE WA 98851

© 2022 ADP, Inc.

FOLD AND DETACH HERE

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Federal Filing Copy

W-2 Wage and Tax Statement 2022

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

WA. State Reference Copy

W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

WA. State Filing Copy

W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**Employment Security Department**

WASHINGTON STATE

P.O. Box 9046, Olympia, WA 98507

55968

Date: Jan 12 2023

Letter ID: L0049513107

Claimant ID: S2FHH8

ROLAND G. JAMES
6134 HIGHWAY 28E
SOAP LAKE WA 98851



54001004-055968-01-01000000

PAYER'S name, street address, city or town, province or state, ZIP, or foreign postal code, and telephone no. State of Washington Employment Security Department 212 Maple Park Ave SE Olympia, WA 98501-2347 1-800-318-6022 UI1099@esd.wa.gov		1 Unemployment compensation \$ 10,270.00		OMB No. 1545-0120 2022 Form 1099-G	
		2 State or local income tax refunds, credits, or offsets			
PAYER'S federal identification number 91-1762161		RECIPIENT'S identification number 574-76-4275		3 Box 2 amount is for tax year	
RECIPIENT'S name ROLAND G JAMES Street address (including apt. no.) 6134 HIGHWAY 28E City or town, province or state, ZIP, or foreign postal code SOAP LAKE, WA 98851		5 RTAA payments \$ 0.00		4 Federal income tax withheld \$ 1,027.00	
		7 Agriculture payments		6 Taxable grants	
		9 Market gain		8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		10a State		10b State identification no.	
Account number (see instructions) Unemployment Insurance (UI)		11 State income tax withheld		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.	
Form 1099-G (keep for your records)		www.irs.gov/form1099g			

Department of the Treasury – Internal Revenue Service

