PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL IN	FORM	MATION														-		
Nar	me	-	00	N or ITI	N I D	\	t .41.				_					_		_
Taxpayer ROLAND		AMES	***	**_A	27503	ate of E	irth LOGE	Date	of	Death	_		cupation		Blind	ㅁ	isab	00
Spouse KATHRYN			***-	**-3	75006	/18/	1971	-	-				ENANCI AKER	=	Н-	⊢	Ц.	
Street Address			Apt.	City	r town	/ 10/.	. 3 / 1	State	e			Cod			Count	广	\perp	
HWY 28 E 6134					LAKE			WA				8 5 1	•	- 1	Journ	y		
Foreign country			Forei		nce/state			MA					postal co	de L				-
E-mail Address(es)						Home	Phon	е				Mot	bile Phone					-
Spouse's E-mail Addre	/											(50	09) 345	5-00	53			
Opouses E-man Addit	23)CC	•)				Spous	se's Mo	bile F	Pho	ne								
												J						
2. FILING STATUS	3																	
									-							_		_
Single		☐ Check if	f paren	t (or so	meone els	sa) can	daim	V/011 01		4000	ما سامة	- 4l-	eir return.			_		_
Married Filing Join	ıt		Pulci	(01 30)	income ek	se) can	uaim	you a	sa	aepen	aent	on th	eir return.	ı				
Married Filing Sep	arate	Check if	f you li	ved apa	rt from yo	DUL SOO!	ise for	all of	202	99								
Head of Household		_	,			Jul Opol	100 101	un o	242	 .								
Qualifying Widow(er)	Year spouse	e died:															
A DEBENDEN		- <u>-</u>					_									_		_
3. DEPENDENTS											,					_		_
Name		Bolotionship	Tour	- K Distri	Look	Interior In										_		_
Name		Relationship	nate	ot Ritth	SSN or	ITIN IN			Dis	sabled							Care	
STERLING JAMES			-				With	You	<u> </u>		Stu	dent	Gross In	come	Ехре	nse	s Pa	id
SIERLING JAMES	<u> </u>	Son	06/13	3/1999	***-**-(0419						Ī						
		<u> </u>	<u> </u>		ļ				_]						
			ļ		 				<u> </u>	Щ	<u></u> _	<u></u>	<u></u>	[
***************************************			-	_		-+			Н		<u> Ļ</u>	 	,,	——				_
			L				·				L	Щ.						╝
4. REFUND INFOR	MATI	ON										·				_		_
			- 1													_		_
1. Would you like to have	e any	refunds directly	/ depo:	sited inte	o your ba	nk acco	unt?.								Yes		la L	П
		•	2.5		•						• • •			• • ∟	1169	L	_Nc	1
Bank Account	_					Ва	ınk Ad	coun	ŧ									
Ownership	י 🔲	Taxpayer 🔲 S	pouse	☐ Jo	int	O	vnersh	ip		Γ	∏ Tε	храу	er 🗆 so	ouse	П	Joi	nt	ſ
Type Bank name		Checking 🗌 S	avings				pe			Ē		eckin		vings		301	111	ļ
1.00		_					ınk nar			_								Ì
Routing number Account number							uting 1											ļ
	-					Ac	count	numb	er	_								
Account outside the ju	urisdic	ction of the Unite	ed Stat	es?	Yes	Ac	count	outsid	e th	ne juri:	sdicti	on of	the Unite	d Stat	es?		Ye	3
· · · · · · · · · · · · · · · · · · ·								T11										
5. IDENTIFICATION	INFO	ORMATION		<u> </u>									·· · · · · · · · · · · · · · · · · · ·			_		_
					 -					***						_		J
Taxpayer						Sn	ouse									_		7
Type of ID:		Priver's license	□Sta	te-issue	id ID	•	oe of II	٦.		_	ام 1	Maria I	liaanaa F	- م	4- 1-			l
	=	lo ID	~		ID	ועי	70 UI IL	J.		<u> </u>	No No		license [Sta	t e- iss	uec	1 ID	
ID number						ID	numbe	er		Ļ.	טאו ר	טי						1
Location of issuance							ation		jan/	ce –						_	—	1
Issue date							ue date			-			· · · · · · · · · · · · · · · · · · ·			_		
Expiration date							oiration	_		_							 -	
		· · · · · · · · · · · · · · · · · · ·				 ⊸∓				_								1

P.O. Box 28019			\$ 19,933.00	19,933.0	Form 1099-R
Albuquerque, NM 8712	25-8019		2b Taxable amount not determined X	Total distribution	Distributions From
• •			3 Capital gain	4 Federal income tax	Pensions, Annuities Retirement of
			(Included in box 2a)	withheld	Profit-Sharing Plans
	eDelivered		\$	\$ 1,112.9	IRAs, Insurance Contracts, etc
RECIPIENT'S Name ar			5 Employee contributions/	6 Net unrealized appreciation	This information is
			Designated Roth contrib. or insurance premiums	in employer's securities	being furnished to
501 415 6 144	_		\$	\$	the Internal Revenue Service.
ROLAND G JAME	S		7 Distribution IRA/ 8	Other	
HWY 28 E 6134 SOAP LAKE WA 9	00054		code(s) SEP/ SIMPLE		COPY C
SOAF LAKE WA	10001		1 X s	0	6
				9b Total employee contributions	For
			total distribution	so rotal employee contributions	Recipient's
			0/		Records
			%	\$	
				15 State/Payer's state no.	16 State distribution
Customer service phone num	phor 900 544 ecce		\$	WA	2
PAYER'S TIN	RECIPIENT'S TIN	Account Number	171 000 1		\$
04-3523567	***-**-4275				19 Local distribution
FORM 1099-R	4275	235-195909-001	\$	ment of the Treasury - In	\$
PAYER'S name, street addre National Financial Servi FIDELITY INVESTMEN' P.O. Box 28019	ces LLC as agent for	A Fidelity	\$ 19,933.00	2a Taxable amount \$ 19,933.00	OMB No. 1545-0119 2022 Form 1099-R:
Albuquerque, NM 87125	i-8019		2b Taxable amount not determined	Total distribution	Distributions From
			3 Capital gain	distribution 4 Federal Income tax	Pensions, Annuities, Retirement or
			(Included in box 2a)	withheld	Profit-Sharing Plans,
			\$	\$ 1,112.90	IRAs, Insurance
RECIPIENT'S Name and	eDelivered 2 Address		5 Employee contributions/	6 Net unrealized appreciation	Contracts, etc. This information is
THE STATE OF THE S	1 Addices		Designated Roth contrib. or insurance premiums	in employer's securities	being furnished to
DOLAND O LANGO				\$	the Internal Revenue
ROLAND G JAMES HWY 28 E 6134	•		7 Distribution IRA/ 8 O		Service.
SOAP LAKE WA 9	8851		code(s) SEP/ SIMPLE 1 X \$	%	COPY 2 File this copy with
				b Total employee contributions	your state, city, or
			total distribution	o rotal employee contributions	local income tax
			% 5		return, when
					required.
					6 State distribution
Customer service phone numb	er 800-544-6666	· · · · · · · · · · · · · · · · · · ·	_ \$	NA	
PAYER'S TIN	RECIPIENT'S TIN	Account Number	17 Local tax withheld 18	\$	
04-3523567	***_**-4275	235-195909-001	\$		Local distribution
	4210	235-193909-001		\$	
FORM 1099-R			Departr	ment of the Treasury - Int	ernal Revenue Servi
PAYER'S name, street address	ss, city, state, and ZIP code	Fidelity.	1 Gross distribution	2a Taxable amount	OMB No. 1545-0119
National Financial Service	es LLC as agent for	A AM STREET,	N		2022
FIDELITY INVESTMENTS P.O. Box 28019	5		\$ 19,933.00	\$ 19,933.00	ZUZZ Form 1099-R:
Albuquerque, NM 87125-	8N1Q			Total	Distributions From
, , , , , , , , , , , , , , , , , , , ,	5010		not determined	4 Federal income tax	Pensions, Annuities,
			(Included in box 2a)	withheld	Retirement or Profit-Sharing Plans,
			\$	1,112.90	IRAs, Insurance
RECIPIENT'S Name and	eDelivered		A	Net unrealized appreciation	Contracts, etc. This information is
NEOFIER S Name and	Audress		Designated Roth contrib.	in employer's securities	being furnished to
			or insurance premiums		the Internal Revenue
ROLAND G JAMES			\$ \$ \$ T Distribution IRA/ 8 Oth		Service.
HWY 28 E 6134	OF4		code(s) SEP/		COPY B
SOAP LAKE WA 98	001		1 X s	0,	Report this income on
			9	% %	your federal tax return. If this Form shows
			9a Your percentage of 9b total distribution	Total employee contributions	federal income tax
					withheld in box 4, attach this copy to
			<u>%</u> \$		your return.
			14 State tax withheld 15	State/Payer's state no. 16	State distribution

\$

WA

1 Gross distribution

19,933.00

\$

2a Taxable amount

19,933.00

OMB No. 1545-0119

PAYER'S name, street address, city, state, and ZIP code Fidelity.

FIDELITY INVESTMENTS

1300 5th St Wenatchee WA 98801-1741 Debra Maxwell 509/682-6413 FILER'S employer identification no. 910817705 STUDENT'S name Roland G James Street address (facilities at a series) Statemet 2 Copy Form 1098-T Adjustments made for a prior year 4 Adjustments made for a prior year 5 Scholarships or grants tax informa and is but a series and is a series		CORRE	CIED		
Business Office 1300 5th St Wenatchee WA 98801-1741 Debra Maxwell 509/682-6413 FILER'S employer identification no. 910817705 STUDENT'S name Roland G James \$ 1392.50 2 0 22 Tuiti Stateme \$ 1392.50 2 0 22 Form 1098-T Form 1098-T Copy For Stude \$ 4 Adjustments made for a prior year \$ 1404.50 \$ 1404.50	foreign postal code, and telephone nu	town, state or province, country, ZIP or imber	qualified tuition and related	OMB No. 1545-1574	
Wenatchee WA 98801-1741 Debra Maxwell 509/682-6413 FILER'S employer identification no. 910817705 STUDENT'S name Roland G James Statemet			\$ 1392.50	2022	Tuition
Debra Maxwell 509/682-6413 Form 1098-T FILER'S employer identification no. 910817705 *****4275 STUDENT'S name 4 Adjustments made for a prior year 4 Adjustments made for a prior year 5 Scholarships or grants tax information and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and is but a fine prior year 4 Adjustments made for a prior year 5 Scholarships or grants and year 1 Adjustments made for a prior	1300 5th St		2		Statemen
FILER'S employer identification no. 910817705 STUDENT'S TIN STUDENT'S TIN 4 Adjustments made for a prior year For Studential and is because of the students of the student	Wenatchee WA	98801-1741			
910817705 *****4275 STUDENT'S name Roland G James \$ 4 Adjustments made for a prior year		509/682-6413		Form 1098-T	
910817705 *****4275 STUDENT'S name Roland G James Street address (selection) *****4275 For Students made for a prior year This is important information and is but a prior year \$ \$ 1404.50	FILER'S employer identification no.	STUDENT'S TIN	3		Copy E
Roland G James \$ 4 Adjustments made for a prior year \$ 5 Scholarships or grants This is import tax information in the prior year and is but the prior year.	910817705	*****4275			
Stroot address (including out)	Roland G	James			This is importan tax information and is bein
6134 HIGHWAY 38E Scholarships or grants in box 1 includes must be use				7 Checked if the amount in box 1 includes	furnished to the IRS. This form must be used to
City or town, state or province, country, and ZIP or foreign postal code academic period complete Form 8	City or town, state or province, countr	y, and ZIP or foreign postal code	, or a prior year		complete Form 8860
SOAP LAKE WA 98851 USA \$ March 2023			 \$		to claim education credits. Give it to the
	Service Provider/Acct. No. (see instr.)	8 Checked if at least	9 Checked if a graduate	10 Ins. contract reimb./refund	tax preparer or use it to
201831204 half-time student 🗸 student 🗔 🕏 prepare the tax ret	201831204	half-time student	student	s	prepare the tax return

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.

published, go to www.irs.gov/Form1098T.

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

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 Wage and Tax Statement Copy C for employee's records.
d Control number Dept.

005873 SEAT/P7X 058035

Employer use only 877

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 82-0277763	a Employee's SSA number 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
14 Other	12b
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID	no. 16 State wages, tips, etc.
17 State Income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.

WA. State Wages, Wages, Tips, other Social Security Medicare Compensation Wages Box 5 of W-2 Tips, Etc. Box 16 of W-2 Wages Box 1 of W-2 Box 3 of W-2 **Gross Pay** 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

C 2022 ADP, Inc.

1	Wages, tips, other	comp.	2 Federa	al income	tax withheld
3	Social security wag	es	4 Social	security	tax withheld
5	Medicare wages an	d tips	6 Medic	are tax w	thheld
d OC	Control number 05873 SEAT/P7X	Dept. 058035	Corp.	Emplo	yer use only 877
С	Employer's name, a	address, a	nd ZIP cod	e 601	115-39

NORCO INC 1125 WEST AMITY BOISE ID 83705

b	Employer's FED ID number 82-0277763	a Employee's SSA number XXX - XX - 1024
7	Social security tips	8 Allocated tips
g		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

EMMET JAMES 6134 WA-28 SOAP LAKE WA 98851

15 State WA	Employer's state ID no.	16 State wages, tips, etc.
17 State	Income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal income Tax Heturit.

1	Wages, tips, other	comp.	2	Federa	al income	tax withheld
3	Social security was	jes	4	Social	security :	lax withheld
5	Medicare wages an	d tips	6	Medic	are tax wit	hheld
đ	Control number	Dept.		Corp.	Emplo	er use only
00	5873 SEAT/P7X	058035			Т	877

NORCO INC 1125 WEST AMITY **BOISE ID 83705**

er a Employee's SSA number XXX-XX-1024
8 Allocated tips
10 Dependent care benefits
12a
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pay

EMMET JAMES 6134 WA-28 SOAP LAKE WA 98851

15 State WA	Employer's state ID no.	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

WA.State Reference Copy Wage and Tax Z Statement Copy 2 to be filed with employee's State Income Tax

•	Wages, tips, other	comp.	2	Federa	il income	tax withheld
3	Social security wag	es	4	Social	security	tax withheld
5	Medicare wages an	d tips	6	Medica	re tax wi	ithheld
d 00:	Control number 5873 SEAT/P7X	Dept. 058035		Corp.	Empl	oyer use only 877

NORCO INC 1125 WEST AMITY **BOISE ID 83705**

Employer's FED ID number 82-0277763 a Employee's SSA number XXX-XX-1024 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a 14 Other 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

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

EMMET JAMES 6134 WA-28 SOAP LAKE WA 98851

15 State WA	Employer's state ID no.	16	State wages, tips, etc.
17 State	income tax	18	Local wages, tips, etc.
19 Loca	income tax	20	Locality name

WA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Inco

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

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		2 State or	\$ 10,270.00 local income tax, credits, or offsets	OMB No. 1545-0120 2022 Form 1099-G	Certain Government Payments
PAYER'S federal identification number		n number	3 Box 2 amount is for tax year	4 Federal income tax withheld	Copy B
91-1762161 574-76-4275		1		\$ 1,027.00	For Recipient
RECIPIENT'S name			5 RTAA payments	6 Taxable grants	This is important tax
ROLAND G JAMES		ĺ	\$ 0.00		information and is being furnished to the
Street address (including apt. no.)		!! }	7 Agriculture payments	8 If checked, box 2 is	Internal Revenue Service. If you are
6134 HIGHWAY 28E				trade or business income	required to file a
City or town, province or state, ZIP, or foreign postal code			9 Market gain		penalty or other
SOAP LAKE, WA 98851			_		sanction may be imposed on you if this
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld	income is taxable and the IRS determines
Unemployment Insurance (UI)					that it has not been reported.
Form 1099-G (keep for your records) www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service					

