

ABCS Federal Tax Intake Form

2022 ☒ 2021 ☐

Date: 2/15/23 Phone #: _____ Returning Customer? Yes ☐ No ☒

Personal: ☒ LLC: _____ Sole Prop: ☒ Corp: _____ S Corp: _____

Name: Karisa Giselle Carlos Occupation: Registered Nurse

Personal Address: 4729 W. Merlin St. Moses Lake, WA 98837

SSN: 531-29-2696 DOB: 4/3/1993

Did your Marital status change during the year? Yes, Married

Spouse Name: Zachary Dee Carlos (Les Schwab)

Occupation: Sales & Service Rep.

SSN: 531-25-5556 DOB: 11/14/1991

Change in dependents? Yes _____ No ☒

If yes, please fill out the following.

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Have you made any estimated payments for your 2022 Federal Taxes? See paper Yes ☒ No ☐

Tax money in or out

Bank Account Information:

Bank Name: She will call - Wa. Trust

Name on Account: Karisa Giselle Carlos

Routing Number: 125 100089

Account Number: 1000593945

Account #

Notes:

emailed Husbands info.

Documents to present:

- ☐ Profit + Loss
- ☐ Balance Sheet
- ☐ 1099s
- ☒ W-2s
- ☐ Interest Statements
- ☐ 401 (K)
- ☐ Retirement Documents
- ☐ 1095-A
- ☐ Gambling loss/wins
- ☐ Stocks, bonds, investment property documents

But also Schedule C

Please provide a copy of your 2020 and 2021 Federal Tax Return.

ABCS phone number: (509) 717-3038

b Employer's identification number 82-3749437		12a See instructions for Box 12 L \$ 800.00		1 Wages, tips, other compensation 33384.00		2 Federal income tax withheld 3867.30	
c Employer's name, address, and ZIP code ARISTO HEALTH CARE SERVICES, LLC 4500 9TH AVE NE SEATTLE WA 98105		12b \$		3 Social security wages 33384.00		4 Social security tax withheld 2069.81	
e Employee's first name and initial Last name 10127325		12c \$		5 Medicare wages and tips 33384.00		6 Medicare tax withheld 484.07	
f Employee's address and ZIP code KARISA G CARLOS 4729 W MERLIN ST MOSES LAKE WA 98837		12d \$		7 Social security tips		8 Allocated tips	
g Employee's state ID No.		13 Statutory employee		9		10 Dependent care benefits	
h State wages, tips, etc.		14 Other		11 Nonqualified plans		13 Retirement plan	
i State income tax		15 Employee's soc. sec. no. 531-29-2696		12a		13 Third-party sick pay	
j Local wages, tips, etc.		16 Local income tax		14			
k Local income tax		17 Locality name					

Form W-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service OMB # 1545-0008

Department of the Treasury - Internal Revenue Service		Control number 000006		1 Wages, tips, other compensations 39057.26		2 Federal income tax withheld 4777.72	
OMB NO. 1545-0008		3 Social security wages 41604.33		4 Social security tax withheld 2579.47			
5 Medicare wages and tips 41604.33		6 Medicare tax withheld 603.26					
ORM 1 of 1		Employer's name, address and ZIP code Grant Cnty Public Hosp Dist#3 200 Nat Washington Way Ephrata, WA 98823					
Social security tips		8 Allocated tips		9			
10 Dependent care benefits		11 Nonqualified plans		12a D 2547.07			
12b E 700.00 DD 4461.41		12c		12d			
Employer identification number (EIN) 91-6001946		a Employee's social security number 531-29-2696					
3 Statutory employee		Retirement plan		Third-party sick pay		14 Other	
X							
Employee's name, address and ZIP code KARISA G ARIZMENDI 4729 W MERLIN ST. MOSES LAKE, WA 98837							
2022		15 State Employer's state ID No.		16 State wages, tips, etc.			
W-2 Wage and Tax Statement		17 State income tax		18 Local wages, tips, etc.			
Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)		19 Local income tax		20 Locality name			

Control number 000006		1 Wages, tips, other compensations 39057.26		2 Federal income tax withheld 4777.72	
OMB NO. 1545-0008		3 Social security wages 41604.33		4 Social security tax withheld 2579.47	
5 Medicare wages and tips 41604.33		6 Medicare tax withheld 603.26			
FORM 1 of 1		c Employer's name, address and ZIP code Grant Cnty Public Hosp Dist#3 200 Nat Washington Way Ephrata, WA 98823			
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a D 2547.07	
12b EE 700.00 DD 4461.41		12c		12d	
b Employer identification number (EIN) 91-6001946		a Employee's social security number 531-29-2696			
13 Statutory employee		Retirement plan		Third-party sick pay	
X					
Employee's name, address and ZIP code KARISA G ARIZMENDI 4729 W MERLIN ST. MOSES LAKE, WA 98837					
2022		15 State Employer's state ID No.		16 State wages, tips, etc.	
W-2 Wage and Tax Statement		17 State income tax		18 Local wages, tips, etc.	
Copy B-To Be Filed with EMPLOYEE'S FEDERAL Tax Return		19 Local income tax		20 Locality name	

Department of the Treasury - Internal Revenue Service

FEDERAL Tax Return

Income tax withheld	3867.30
State tax withheld	2069.81
Local tax withheld	484.07
Retirement plan	
Third-party sick pay	

IL Tax Departments

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. American Pacific Mortgage Corporation PO BOX 100081 Duluth, GA 30096-9377 855-585-4666		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. </div> <div style="width: 35%; text-align: center;"> OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2022 </div> </div>	
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 4-834-09231-0064909-005-1-000-000-000-000 KARISA GISELLE ARIZMENDI ZACHARY D CARLOS 4729 W MERLIN ST MOSES LAKE WA 98837-8869		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1 Mortgage interest received from payer(s)/borrower(s)* \$ 7,079.93 </div> <div style="width: 48%;"> 2 Outstanding mortgage principal \$ 377,194.00 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 4 Refund of overpaid interest \$ 0.00 </div> <div style="width: 48%;"> 3 Mortgage origination date 01/18/2022 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 6 Points paid on purchase of principal residence \$ 0.00 </div> <div style="width: 48%;"> 5 Mortgage insurance premiums * \$ 546.96 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. <input checked="" type="checkbox"/> </div> <div style="width: 48%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 8 Address or description of property securing mortgage _____ </div> <div style="width: 48%;"> 9 Number of properties securing the mortgage 1 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10 Other Taxes Paid YTD 98.27 </div> <div style="width: 48%;"> 11 Mortgage acquisition date 01/27/2022 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Account number (see instructions) 7011142993 </div> <div style="width: 48%;"> RECIPIENT'S/LENDER'S TIN 68-0382674 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> PAYER'S/BORROWER'S TIN ***-**-2696 </div> <div style="width: 48%;"></div> </div>	

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for those points reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

*Consult your tax advisor regarding the deductibility of this amount.

Form **1098** (Rev. 1-2022) VTB (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower'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.

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

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.



CAUTION If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098

Free File. 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.

☐ CORRECTED (if checked)

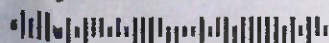
Mortgage Interest Statement

OMB No. 1545-1380
Form **1098**
(Rev. January 2022)
For calendar year
2022

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

street address, city or town, state or province, country, ZIP or one nrg.
Mortgage Corporation
9377

street address (including apt. no.), city or town, state or postal code



909-005-1-000-000-000-000

E ARIZMENDI
RLQS
ST
VA 98837-8869

1 Mortgage interest received from payer(s)/borrower(s)* \$ 7,079.93	
2 Outstanding mortgage principal \$ 377,194.00	3 Mortgage origination date 01/18/2022
4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums* \$ 546.96
6 Points paid on purchase of principal residence \$ 0.00	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. <input checked="" type="checkbox"/>
8 Address or description of property securing mortgage	
9 Number of properties securing the mortgage 1	10 Other Taxes Paid YTD 98.27
11 Mortgage acquisition date 01/27/2022	Account number (see instructions) 7011142993
RECIPIENT'S/LENDER'S TIN 68-0382674	PAYER'S/BORROWER'S TIN ***--2696

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

the deductibility of this amount.

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Payer/Borrower

stitution, a governmental unit, and a cooperative housing trade or business and, in the course of such trade or business, mortgage interest (including certain points) on any one must furnish this statement to you.

as the payer of record on a mortgage on which there are other borrowers with information about the proper distribution of the interest. Each borrower is entitled to deduct only the amount each the seller that represent each borrower's share of the amount borrower may have to include in income a share of any amount

were subsidized by a government agency, you may not be able to deduct the interest. See the instructions for Schedule A, C, or E (Form 1040) for more information. Also, for more information, see Pub. 936 and Pub. 535. Your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has

identification number (TIN). For your protection, this form may also include an account or other unique number the lender has assigned to

interest received by the recipient/lender during the year. This obligation secured by real property, including a mortgage, is not deductible. This amount does not include points, government subsidy on a "buy-down" mortgage. Such amounts are deductible by you

est in the calendar year that accrued in full by January 15, year, this prepaid interest may be included in box 1. However, the prepaid amount in the calendar year paid even though it box 1.

certificate and can claim the mortgage interest credit, see Form 1098, a mortgage, home equity loan, or line of credit secured by a mortgage, the interest paid on acquisition indebtedness, and you limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and Itemized Deduction Recoveries in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

Free File. 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. 1545-0048

Control number	Dept.	Corp.	Employer use only
000000221 V3P	11	SUW7	S 10219

Employer's name, address, and ZIP code
**WASHINGTON HOMECARE AND HOSPICE
 OF CENTRAL BA
 901 HUGH WALLIS RD S
 LAFAYETTE, LA 70508**

Employee's name, address, and ZIP code

**KARISA G CARLOS
 4729 W. MERLIN ST
 MOSES LAKE, WA 98837**

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

Employer's FED ID number 26-4568497	a Employee's SSA number XXX-XX-2696
Wages, tips, other comp. 67745.07	2 Federal income tax withheld 10440.50
Social security wages 69873.52	4 Social security tax withheld 4332.16
Medicare wages and tips 69873.52	6 Medicare tax withheld 1013.17
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 D 2128.45
4 Other	12b W 546.20 12c AA 3547.43 12d DD 3701.74 13 Stat emp Ret plan 3rd party sick pay
5 State Employer's state ID no.	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

**KARISA G CARLOS
 4729 W. MERLIN ST
 MOSES LAKE, WA 98837**

Social Security Number: XXX-XX-2696



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2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2022
Copy C for employee's records. OMB No. 1545-0048

Control number	Dept.	Corp.	Employer use only
0000005354 RM6		AYK3	E S 3505

Employer's name, address, and ZIP code
**LES SCHWAB TIRE CENTERS OF
 WASHINGTON LLC
 PO BOX 5350
 BEND, OR 97708**

Employee's name, address, and ZIP code

**ZACHARY D CARLOS
 4729 W MERLIN ST
 MOSES LAKE, WA 98837**

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	75,857.89	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	4,655.61
FED. INCOME TAX WITHHELD BOX 02 OF W-2	9,317.40	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,088.81
STATE INCOME TAX BOX 17 OF W-2	0.00	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

Employer's FED ID number 91-0832850	a Employee's SSA number XXX-XX-5556
Wages, tips, other comp. 75090.55	2 Federal income tax withheld 9317.40
Social security wages 75090.55	4 Social security tax withheld 4655.61
Medicare wages and tips 75090.55	6 Medicare tax withheld 1088.81
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 C 19.76
Other 329.89 W_WASPL	12b W 537.42 12c DD 5930.70 12d 13 Stat emp Ret plan 3rd party sick pay
State Employer's state ID no.	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

**ZACHARY D CARLOS
 4729 W MERLIN ST
 MOSES LAKE, WA 98837**

Social Security Number: XXX-XX-5556



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PAGE 1 OF 1

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-Education-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 2022 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2022 that relate to those payments received during 2022.

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 2023. 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.

☐ CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number Western Governors University 4001 South 700 East Suite 700 Salt Lake City, UT 84107 877-435-7948		1 Payments received for qualified tuition and related expenses \$ 7440.00 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. 84-1383926	STUDENT'S TIN ***-**-5556	3		
STUDENT'S name, Street address (including apt. no.), City, state, ZIP code Zachary D Carlos 4729 W MERLIN ST MOSES LAKE, WA 98837		4 Adjustments made for a prior year \$	5 Scholarships or grants \$	
		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"/>	
Service Provider/Acct. No. (see instr.) 001738378	8 Check 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**

(keep for your records)

www.irs.gov/form1098t

Department of the Treasury - Internal Revenue Service



Carlton Larson Allen LLP
CLACconnect.com

Karisa G. Arizmendi
2749 W Merlin St
Moses Lake, WA 98837

Dear Karisa:

Enclosed are your 2021 income tax return and 2022 estimated tax vouchers.

The summary below reflects overpayment and payments due. If there is no tax due or refund to be received the table will be blank. If payments are due where direct debit is not utilized, we recommend using the taxing authority's authorized payment website or certified mail with postmarked receipt for proof of timely payment. If you mail a check, include your social security number and the applicable tax form number on the check. Specific instructions for each taxing authority follow.

Tax Return Summary

Jurisdiction	E-Filed	Amount Refunded	Overpayment Applied	Amount Due	Direct Deposit/Debit
Federal	Yes			\$4,059	No

Estimated Tax Payment Summary

Jurisdiction	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	✓ pd 2/18	✓ pd 5/7	✓	✓ pd 1/3/23
Federal	\$1,020 Due: 04/18/22	\$1,020 Due: 06/15/22	\$1,020 Due: 09/15/22	\$1,020 Due: 01/17/23

We encourage you to pay taxes due electronically. Visit the Tax Payment Website List on CLACconnect.com for a list of federal and state electronic payment options:
<https://www.clacconnect.com/resources/tools/2021-tax-payment-sites>

FEDERAL INCOME TAX RETURN:

This return has qualified for electronic filing. Please sign and return Form 8879 to our office as soon as possible, but no later than by April 18, 2022. We will then transmit your return electronically to the IRS.

Your check for \$4,059, payable to the United States Treasury, must be paid by April 18, 2022. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2021 Form 1040" on your check.

Internal Revenue Service Center
P.O. Box 802501
Cincinnati, OH 45280-2501

EFTPS

FEDERAL ESTIMATED TAX VOUCHERS:

2021**Form 1040-V**Department of the Treasury
Internal Revenue Service**Paperwork Reduction Act Notice.**

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

110881 05-17-21

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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▼ DETACH HERE ▼

Form **1040-V** (2021)Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2021**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

Dollars

4,059

Cents

1019

KARISA G. ARIZMENDI
2749 W MERLIN ST
MOSES LAKE, WA 98837P.O. BOX 802501
CINCINNATI, OH 45280-2501

531292696 FY ARIZ 30 0 202112 610

☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HealthEquity Corporate 15 West Scenic Pointe Drive Suite 400 Draper, UT 84020		1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$ 0.00	OMB No. 1545-1518 2022 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
		2 Total contributions made in 2022 \$ 537.42		
TRUSTEE'S TIN 52-2383166	PARTICIPANT'S TIN XXX-XX-5556	3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$ 20.83		
PARTICIPANT'S name Zachary D. Carlos Street address (including apt. no.) 4729 W Merlin St City or town, state or province, country, and ZIP or foreign postal code Moses Lake, WA 98837		4 Rollover contributions \$ 0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 7058.62	
Account number (see instructions) 6553449		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		

Copy B

For Participant

This information is being furnished to the IRS.

Form **5498-SA**

(keep for your records)

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

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

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

Box 1. Shows contributions you made to your Archer MSA in 2022 and through April 18, 2023, for 2022. You may be able to deduct this amount on your 2022 Form 1040. See the Instructions for Form 1040.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2022 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2023 for 2022.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2022 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2022.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.

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.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA.

Answer if applicable:

Business Name: Mohela Nail Nurse EIN # _____
Business Address: 4729 W Merlin St Moses Lake WA 98837

Purchase of large business items? Please list item along with cost. (Ex: car or boat)

Item: See Beginning Supplies Purchase Price: \$ _____ Date of Purchase: _____
Item: _____ Purchase Price: \$ _____ Date of Purchase: _____
Item: _____ Purchase Price: \$ _____ Date of Purchase: _____

Business Notes:

MILEAGE

Vehicle used for Business: 303 see sheet
Beginning Odometer: _____
Ending Odometer: _____
Total Miles used for Business: _____

Income

Date	INV #	Name	Description	Total	Mileage
10/14	1001	Dorothianne McDowell	Initial Foot Care Visit	\$55.00	*
10/14	1002	Esther Cruz	Initial Foot Care Visit	\$55.00	*
10/14	1003	Debra Davis	Initial Foot Care Visit	\$55.00	*
10/14	1004	Steven Bencze	Initial Foot Care Visit	\$55.00	*
10/14	1005	Shirley Colley	Initial Foot Care Visit	\$55.00	*
10/14	1006	Richard Hudnall	Initial Foot Care Visit	\$55.00	*
10/14	1007	Flora Harmon	Initial Foot Care Visit	\$55.00	*
10/14	1008	Esther Olson	Initial Foot Care Visit	\$55.00	*
10/14	1009	Glen Johnson	Initial Foot Care Visit	\$55.00	*
10/14	1010	Martha Yeager	Initial Foot Care Visit	\$55.00	*
10/14	1011	Donna Fegert	Initial Foot Care Visit	\$55.00	*
10/14	1012	Esequiel Benavides	Initial Foot Care Visit	\$55.00	*
10/14	1013	Walter Donahoe	Initial Foot Care Visit	\$55.00	*
10/14	1014	Charles Lindedt	Initial Foot Care Visit	\$55.00	*
10/14	1015	Jesus Amaral	Initial Foot Care Visit	\$55.00	*
10/14	1016	Rebecca Medina	Initial Foot Care Visit	\$55.00	60
10/15	1017	Mary Literal	Initial Foot Care Visit	\$55.00	*
10/15	1020	Della Edgar	Initial Foot Care Visit	\$55.00	*
10/15	1021	Barbara Schneider	Initial Foot Care Visit	\$55.00	*
10/15	1022	Marilyn Bower	Initial Foot Care Visit	\$55.00	*
10/15	1024	Anna Dauber	Initial Foot Care Visit	\$55.00	*
10/15	1025	Dorothy Klingeman	Initial Foot Care Visit	\$55.00	*
10/15	1026	Alvina Miller	Initial Foot Care Visit	\$55.00	*
10/15	1027	Evelyn Reeve	Initial Foot Care Visit	\$55.00	*
10/15	1028	Clifford Clark	Initial Foot Care Visit	\$55.00	*
10/15	1029	Bethel Erdman	Initial Foot Care Visit	\$55.00	60
12/13	1031	Joan Wines	Initial Foot Care Visit	\$50.00	60
12/23	1032	Marcella Richard	Initial Foot Care Visit	\$55.00	17
12/30	1033	Faye Crawford	Initial Foot Care Visit	\$55.00	46
12/30	1052	Darleen Finnegan	Initial Foot Care Visit	\$55.00	60
Total	30			\$1,645.00	303

* 16 same day/same location

* 10 same day/same location

Date	Supplier	INV#	Description	Amount
9/14	Amazon	112-0488818-4979447	Nail supplies	\$33.19
9/14	Amazon	112-4435435-5889834	Name tag	\$11.57
9/16	Amazon	112-9864108-5009863	Nail supplies	\$181.93
9/23	Etsy	2605329805	Sales Receipt Book	\$33.58
Total				\$260.27

2022 Mileage

303