

Ms. Betty Baker is single with 3 1099R and 2 1099INT and she has a 1099SSA. Ms. Baker also has paid \$1000.00 to the IRS. Ms. Baker was born 02-02-1953, her social security number is 401-00-7083, her Driver's License Number is 15862471. She received it on 02-02-2021 it expires on 02-02-2028. Her email is [betty@nomail.com](mailto:betty@nomail.com). Her phone number is 629-218-5622.

Address is 10 Main ST Gallatin, TN 37066

Her AGI for 2022 was \$42,118.00 she filed Single that year.

Her AGI for 2021 was \$98494.00 she filed MFS that year

HUDSON VALLEY CREDIT UNION  
 PO BOX 1071  
 POUGHKEEPSIE NY 12602

IMPORTANT TAX DOCUMENT

HUNTER ELLEN  
 131 E END RD  
 GOODLETTSVILLE TN 37072 - 9521

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>HUDSON VALLEY CREDIT UNION</b> <b>PO BOX 1071</b> <b>POUGHKEEPSIE NY 12602</b> <b>(845)483-3011</b>		Payer's RTN (optional)  <b>2023</b> Form 1099-INT	OMB No. 1545-0112  <b>2023</b> Form 1099-INT	<b>Interest Income</b>
PAYER'S TIN <b>14-1471439</b>		1 Interest income <b>\$ 3,965.37</b>		
RECIPIENT'S TIN <b>14-1471439</b>		2 Early withdrawal penalty <b>\$</b>		<b>Copy B</b> <b>For Recipient</b>  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.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		4 Federal income tax withheld <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		5 Investment expenses <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		6 Foreign tax paid <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		7 Foreign country or U.S. possession <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		8 Tax-exempt interest <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		9 Specified private activity bond interest <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		10 Market discount <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		11 Bond premium <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		12 Bond premium on Treasury obligations <b>\$</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>HUNTER ELLEN</b> <b>131 E END RD</b> <b>GOODLETTSVILLE TN 37072-9521</b>		13 Bond premium on tax-exempt bonds <b>\$</b>		
Account number (see instructions)  <b>XXXX2402</b>		14 Tax-exempt and tax credit bond CUSIP no.  <b>\$</b>		
Account number (see instructions)  <b>XXXX2402</b>		15 State <b>\$</b>		
Account number (see instructions)  <b>XXXX2402</b>		16 State identification no. <b>\$</b>		
Account number (see instructions)  <b>XXXX2402</b>		17 State tax withheld <b>\$</b>		

Form 1099-INT (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

Instructions for Recipient

The instructions provided vary by different tax-exempt and nonexempt securities. For a description of exempt securities, see the Instructions for Form 1099-INT. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.1099-10(d)(2) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a nonexempt security acquired at a premium, your payer is only required to report the gross amount of interest paid to you. If you received a security with a premium, your payer is only required to report the gross amount of interest paid to you. For your protection, this form may show only the last four digits of your TIN (taxpayer identification number) (TIN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or company identification number (CIN). However, the issuer has reported your complete TIN to the IRS. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-INT to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 1099-INT. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from open renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified income investment bonds, qualified public commercial bonds, and built American bonds that must be included in your interest income. These amounts will be shown as paid to you during the calendar year on the credit advances status (March 15, June 15, September 15, and December 15). For more information, see Form 1099-INT. See the instructions above for a taxable covered security acquired at a premium. Box 2. Shows interest or principal forgiven because of early withdrawal of line savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Forms 1040 and 1040-BR to see where to show the deduction. Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-4. Include this amount on your income tax return as unearned. Box 5. Any amount shown to your state of investment represents a single-class REMIC. This amount is included in box 1. Box 6. Shows interest to not amortize. Box 7. Shows the country or U.S. possession to which the foreign tax was paid. Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040 and 1040-BR. This amount may be subject to backup withholding. See box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium. Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 1. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium. Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1276(b) to include market

discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.1099-10(d)(2), show the market discount that accrued on the debt instrument during the year when held by you, unless it was reported on Form 1099-INT. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.1099-10(d)(2) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includable in taxable income as interest income. Box 11. For a taxable covered security other than a U.S. Treasury obligation, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.1099-10(d)(2) that you did not want to amortize the premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-BR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4). Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.1099-10(d)(2) that you did not want to amortize the premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-BR with respect to the security. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4). Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-BR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 1 or 2, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is to reportable in box 1. See Regulations section 1.171-2(a)(4). Box 14. Shows CUSIP number(s) for tax-exempt bonds on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or for short-term allowed, to you during the calendar year. If there is no CUSIP number was issued for the bond(s). Boxes 15-17. State tax withheld regarding income. Notebooks. If this form includes amounts owing to another person(s), you are considered a nonresident recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 999 with the Internal Revenue Service Center for your area. On Form 999 list yourself as the "payer." It is not required to file a nonresident return to show amounts owned by the other owners. Form(s) developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislative changes and other developments, go to www.irs.gov/Form1099INT. 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.

CAPITAL ONE N.A.  
 PO BOX 30249  
 SALT LAKE CITY, UT 84130-0249

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE, TN 37072

For questions please call: 1-800-655-2265

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>CAPITAL ONE N.A.          1680 CAPITAL ONE DR          MCLEAN, VA 22102</b>		Payer's RTN (optional)		OMB No. 1545-0112 <b>Form 1099-INT</b> (Rev. January 2022)		<b>Interest Income</b>
PAYER'S TIN <b>72-0210640</b>		1 Interest income <b>\$1,295.30</b>		For calendar year <b>2023</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>ELLEN HUNTER          131 E END RD          GOODLETTSVILLE, TN 37072</b>		RECIPIENT'S TIN <b>***-**-7083</b>		3 Interest on U.S. Savings Bonds and Treasury obligations		<b>Copy B</b> <b>For Recipient</b> 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.
4 Federal income tax withheld		5 Investment expenses		7 Foreign country or U.S. possession		
6 Foreign tax paid		8 Tax-exempt interest		9 Specified private activity bond interest		
10 Mutual discount		11 Bond premiums		12 Bond premiums on Treasury obligations		
13 Bond premiums on tax-exempt bond		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	
Account number (see instructions) <b>See Detail Below</b>		FATCA filing requirement <input type="checkbox"/>	17 State tax withheld		Department of the Treasury - Internal Revenue Service	

Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT

\*\* See Details

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
SAVINGS	*****5604	\$1,094.97			
CHECKING	*****4229	\$0.01			
SAVINGS	*****6361	\$200.32			
		\$1,295.30			

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



1 Gross distribution		2a Taxable amount		OMB No. 1545-0119 <b>2023</b> 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.  <b>COPY C</b>  For Recipient's Records
\$ 5.24		\$ 5.24		
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (included in box 2b)		4 Federal income tax withheld		
\$		\$ 0.52		
5 Employee contributions/ Designated Roth contribu- tion or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution category	IRA/ SEP/ SIMPLE	8 Other		
4	X	\$ %		
9a Your percentage of total distribution		9b Total employee contributions		
% \$		\$		
14 State tax withheld		15 State/Payer's state no.	16 State distribution	
\$		TN	\$	
17 Local tax withheld		18 Name of locality	19 Local distribution	
\$			\$	

RECIPIENT'S Name and Address

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE TN 37072-9521

ORIGINAL DEPOSITOR : ELIZABETH C MCCARTHY

Customer service phone number 800-544-4442		
PAYER'S TIN	RECIPIENT'S TIN	Account Number
04-3523567	***-**-7083	206-283584-001

Department of the Treasury - Internal Revenue Service

FORM 1099-R

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



1 Gross distribution		2a Taxable amount		OMB No. 1545-0119 <b>2023</b> 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.  <b>COPY 2</b>  File this copy with your state, city, or local income tax return, when required.
\$ 5.24		\$ 5.24		
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (included in box 2b)		4 Federal income tax withheld		
\$		\$ 0.52		
5 Employee contributions/ Designated Roth contribu- tion or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution category	IRA/ SEP/ SIMPLE	8 Other		
4	X	\$ %		
9a Your percentage of total distribution		9b Total employee contributions		
% \$		\$		
14 State tax withheld		15 State/Payer's state no.	16 State distribution	
\$		TN	\$	
17 Local tax withheld		18 Name of locality	19 Local distribution	
\$			\$	

RECIPIENT'S Name and Address

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE TN 37072-9521

ORIGINAL DEPOSITOR : ELIZABETH C MCCARTHY

Customer service phone number 800-544-4442		
PAYER'S TIN	RECIPIENT'S TIN	Account Number
04-3523567	***-**-7083	206-283584-001

Department of the Treasury - Internal Revenue Service

FORM 1099-R

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



1 Gross distribution		2a Taxable amount		OMB No. 1545-0119 <b>2023</b> 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.  <b>COPY B</b>  Report this amount on your federal tax return. If this Form shows federal income tax withheld in box 4, attach this copy to your return.
\$ 5.24		\$ 5.24		
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (included in box 2b)		4 Federal income tax withheld		
\$		\$ 0.52		
5 Employee contributions/ Designated Roth contribu- tion or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution category	IRA/ SEP/ SIMPLE	8 Other		
4	X	\$ %		
9a Your percentage of total distribution		9b Total employee contributions		
% \$		\$		
14 State tax withheld		15 State/Payer's state no.	16 State distribution	
\$		TN	\$	
17 Local tax withheld		18 Name of locality	19 Local distribution	
\$			\$	

RECIPIENT'S Name and Address

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE TN 37072-9521

ORIGINAL DEPOSITOR : ELIZABETH C MCCARTHY

Customer service phone number 800-544-4442		
PAYER'S TIN	RECIPIENT'S TIN	Account Number
04-3523567	***-**-7083	206-283584-001

Department of the Treasury - Internal Revenue Service

FORM 1099-R

01/12/2024 eDelivered

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



1 Gross distribution		2a Taxable amount		OMB No. 1545-0119 <b>2023</b> 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.
\$ 4,365.88		\$ 4,365.88		
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		
\$		\$ 472.93		
5 Employee contributions/ Designated Roth contribu- tions or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution code(s)		8a RRA/ SEP/IRAP/SEP/IRA	8b Other	
4		X		
9a Your percentage of total distribution		9b Total employee contributions		
%		\$		
14 State tax withheld		15 State/Payer's state no.	16 State distribution	
\$		TN	\$	
17 Local tax withheld		18 Name of locality	19 Local distribution	
\$			\$	

RECIPIENT'S Name and Address

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE TN 37072-9521

Delivered

**COPY C**  
 For  
 Recipient's  
 Records

ORIGINAL DEPOSITOR : PATRICK J MCCARTHY

Customer service phone number 800-544-4442		
PAYER'S TIN	RECIPIENT'S TIN	Account Number
04-3523587	7083	Y85-044741-001

Department of the Treasury - Internal Revenue Service

FORM 1099-R

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



1 Gross distribution		2a Taxable amount		OMB No. 1545-0119 <b>2023</b> 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.
\$ 4,365.88		\$ 4,365.88		
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		
\$		\$ 472.93		
5 Employee contributions/ Designated Roth contribu- tions or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution code(s)		8a RRA/ SEP/IRAP/SEP/IRA	8b Other	
4		X		
9a Your percentage of total distribution		9b Total employee contributions		
%		\$		
14 State tax withheld		15 State/Payer's state no.	16 State distribution	
\$		TN	\$	

RECIPIENT'S Name and Address

ELLEN HUNTER  
 131 E END RD  
 GOODLETTSVILLE TN 37072-9521

Delivered

**COPY 2**  
 File this copy with  
 your state, city, or  
 local income tax  
 return, when  
 required.

ORIGINAL DEPOSITOR : PATRICK J MCCARTHY

Paid By

Office of Personnel Management  
Retirement Operations  
P.O. Box 45  
Boyers, PA 16017-0045

### Statement of Annuity Paid

Copy 2A - To be filed with annuitant's state or local tax return

# 2023

OMB No. 1545-0049  
Form 1099-R  
Distributions From  
Pensions, Annuities,  
Retirement or Profit-  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2024)  
This information is being furnished to the  
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification <b>52-6083699</b>	Recipient's ID No. (Annuitant) 102-58-7083	Account number (Retirement Claim No.) CS A93810230
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums 5618.27	<b>Paid To</b>	<b>ELLEN HUNTER</b> 131 E END RD GOODLETTSVILLE, TN 37072-9521
7. Distribution Code(s) <b>7-NONDISABILITY</b>		
9b. Total Employee Contributions 8941.00		

1. Gross distribution	25692.00
2a. Taxable amount	25393.92
4. Federal Income Tax Withheld	319.80
14. State tax withheld	NONE
15. State/Payer's state no.	
14. State tax withheld	NONE
15. State/Payer's state no.	

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>ELLEN HUNTER</b>		Box 2. Beneficiary's Social Security Number <b>102-58-7083</b>														
Box 3. Benefits Paid in 2023 <b>*\$71,328.90</b>	Box 4. Benefits Repaid to SSA in 2023 <b>NONE</b>	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) <b>\$71,328.90</b>														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 3</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Paid by check or Direct deposit</td> <td style="text-align: right; padding: 2px;">\$63,964.00</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; padding: 2px;">\$164.90</td> </tr> <tr> <td style="padding: 2px;">Attorney Fees</td> <td style="text-align: right; padding: 2px;">\$7,200.00</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$71,328.90</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2023</td> <td style="text-align: right; padding: 2px;">\$71,328.90</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3		Paid by check or Direct deposit	\$63,964.00	Medicare Part B premiums deducted from your benefits	\$164.90	Attorney Fees	\$7,200.00	Total Additions	\$71,328.90	Benefits for 2023	\$71,328.90	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 10px 0;"><b>NONE</b></td> </tr> </tbody> </table>	DESCRIPTION OF AMOUNT IN BOX 4	<b>NONE</b>
DESCRIPTION OF AMOUNT IN BOX 3																
Paid by check or Direct deposit	\$63,964.00															
Medicare Part B premiums deducted from your benefits	\$164.90															
Attorney Fees	\$7,200.00															
Total Additions	\$71,328.90															
Benefits for 2023	\$71,328.90															
DESCRIPTION OF AMOUNT IN BOX 4																
<b>NONE</b>																
		Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>														
		Box 7. Address <b>ELLEN HUNTER 131 EAST END RD GOODLETTSVILLE TN 37072-9521</b>														
<p>*INCLUDES:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">\$26,328.00</td> <td style="padding: 2px;">Paid in 2023 for 2022</td> </tr> <tr> <td style="padding: 2px;">\$16,576.00</td> <td style="padding: 2px;">Paid in 2023 for 2021</td> </tr> </table>		\$26,328.00	Paid in 2023 for 2022	\$16,576.00	Paid in 2023 for 2021	Box 8. Claim Number (Use this number if you need to contact SSA) <b>102-58-7083A</b>										
\$26,328.00	Paid in 2023 for 2022															
\$16,576.00	Paid in 2023 for 2021															

From: Direct Pay <mailto:directpay@irs.gov>  
Subject: IRS Direct Pay Confirmation of Scheduled Transaction  
Date: Dec 26, 2023 at 11:59:04 AM  
To: ehunt162@aol.com

\$ 1,000



## Confirmation of Scheduled Transaction

You have scheduled a transaction. The following IRS Direct Pay transaction is scheduled to be debited from your account:

**Confirmation Number** 222-3762-1069-2228

### We are processing your request.

This is an auto generated email and is not monitored by the IRS. Please do not respond to this email. If you would like to check the status of your transaction, use the Look Up a Payment tool on the IRS Direct Pay page.

If you have questions about this email, go to the Need Help link on the IRS Direct Pay page.

**Thank you for using Direct Pay!**



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Form 1040-SR Department of the Treasury—Internal Revenue Service U.S. Tax Return for Seniors

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20

See separate instructions.

Personal information section including name (BETTY BAKER), social security number (401-00-7083), address (10 MAIN ST, GALLATIN, CO), and marital status (Single).

Filing Status section with options for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if the taxpayer received, sold, or disposed of digital assets during 2023.

Standard Deduction section with options for You as a dependent, Your spouse as a dependent, or Spouse itemizes on a separate return.

Table for Dependents with columns for name, social security number, relationship, and tax credit eligibility.

Table for Income reporting with rows 1a through 1i for various types of income and their taxable amounts.

Table for Taxable Income reporting with rows 2a through 6b for interest, dividends, and pension/annuity income.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	7	
8	Additional income from Schedule 1, line 10 . . . . .	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	9	70,712
10	Adjustments to income from Schedule 1, line 26 . . . . .	10	NONE
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	11	70,712
12	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	12	15,700
13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13	
14	Add lines 12 and 13 . . . . .	14	15,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	15	55,012

**Tax and Credits**

16	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____ . . . . .	16	7,413
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	7,413
19	Child tax credit or credit for other dependents from Schedule 8812 . . . . .	19	
20	Amount from Schedule 3, line 8 . . . . .	20	
21	Add lines 19 and 20 . . . . .	21	
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	7,413
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	24	7,413

**Payments**

25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	794
26	2023 estimated tax payments and amount applied from 2022 return . . . . .	26	1,000
27	Earned income credit (EIC) . . . . .	27	
28	Additional child tax credit from Schedule 8812 . . . . .	28	
29	American opportunity credit from Form 8863, line 8 . . . . .	29	
30	Reserved for future use . . . . .	30	
31	Amount from Schedule 1, line 9 . . . . .	31	NONE
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . .	32	NONE
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	33	1,794

**Standard Deduction**  
See Standard Deduction Chart on the last page of this form.

If you have a qualifying child, attach Sch. EIC.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>35a</b>	
<b>Amount You Owe</b>	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .	<b>36</b>	
	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	5,619
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	NONE

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions . . . . .  **Yes**. Complete below.  **No**

Designee's name **Coletta J Gorman** Phone no. **(800) 500-1040** Personal identification number (PIN) **69910**

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		<b>RETIRED</b>	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>Coletta Gorman</b>		<b>08/21/2024</b>	<b>P02377789</b>	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>Jackson Hewitt Tax Service</b>	<b>335 W Main St Gallatin TN 37066</b>		<b>(615) 452-4696</b>	<b>61-1400477</b>

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information. Form **1040-SR** (2023)

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## Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

Name(s) shown on return

BETTY BAKER

Your social security number

401-00-7083

### Part I

#### Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

(See instructions and the instructions for Form 1040, line 2b.)

HUDSON VALLEY  
CAPITOL ONE

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Amount

3,965  
1,295

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1. . . . .
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. . . . .
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. . . . .

5,260  
5,260

Note: If line 4 is over \$1,500, you must complete Part III.

### Part II

#### Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)

- 5 List name of payer: \_\_\_\_\_

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Amount

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. . . . .

NONE

Note: If line 6 is over \$1,500, you must complete Part III.

### Part III Foreign

#### Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties.

Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account, or received a distribution from, or were a grantor of or a transferor to, a foreign trust.

- 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. . . . .
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank & Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 & its instructions for filing requirements & exceptions to those requirements . . . . .
- b If you are required to file FinCEN Form 114, enter the name(s) of the foreign country(ies) where the financial account(s) is (are) located \_\_\_\_\_
- 8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions. . . . .

Yes	No
	X
	X