

Miller (A)

This exercise explores a working married couple, Greg and Sara, with:

- wages
- a military pension
- gambling winnings
- Greg’s high-deductible family health plan and his HSA account were for all 12 months
- (A) HSA contributions through Greg’s work¹⁰
- (A) Greg contributed \$4,000 directly to his HSA in January 2026¹⁰
- (A) HSA distributions which were all for qualified medical expenses¹⁰
- (A) itemized deductions

They received a \$357 state income tax refund last year. Total itemized deductions were \$38,525 the prior year. Their Schedule A state and local taxes (SALT) in the prior year were limited to \$10,000 as follows:


Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	2353
	b State and local real estate taxes (see instructions)	5b	7950
	c State and local personal property taxes	5c	710
	d Add lines 5a through 5c	5d	11013
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10000
	6 Other taxes. List type and amount: _____	6	
7 Add lines 5e and 6	7	10000	


Use zip code 60062 Northbrook, IL for the sales tax calculator.

This exercise uses the Itemized Deductions Worksheet <https://ta-nttc.tiny.us/Itemized-Deductions-WS>

Greg L. Miller SSN: 488-00-XXXX BDATE: 03/04/1969 Job Title: Welder
 Sara M. Miller SSN: 491-00-XXXX BDATE: 12/15/1967 Job Title: Marketing Rep
 ADDR: 525 Springfield Street, YC YS YZip Phone: 573-265-1267

¹⁰ Review Health Savings Accounts (HSAs) in NTTC 4012 for general information and tax forms (e.g., Forms 5498-SA, 1099-SA, 8889 and W-2, Box 12, code W for payroll contributions through an employer plan).

a. Employee's social security number 488-00-XXXX		OMB No. 1545-0008		Save. accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 43-726XXXX			1. Wages, tips, other compensation \$59,600.00		2. Federal income tax withheld \$5,525.00		
c. Employer's name, address, and ZIP code ACE WELDING 1000 INDUSTRIAL BLVD YC, YS YZIP			3. Social security wages \$64,700.00		4. Social security tax withheld \$4,011.40		
			5. Medicare wages and tips \$64,700.00		6. Medicare tax withheld \$938.15		
			7. Social security tips		8. Allocated tips		
d. Control number			9.		10. Dependant care benefits		
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP			11. Nonqualified plans		12a. See instructions for box 12 D \$5,100.00		
			13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. W \$1,200.00		
			14. Other		12c. DD \$6,380.00		
			----- ----- -----		12d. 		
15. State YS	Employer's state ID number 435XXXXX	16. State wages, tips, etc. \$59,600.00	17. State income tax 1,200.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement 20XX</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>							

a. Employee's social security number 491-00-XXXX		OMB No. 1545-0008		Save. accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 52-187XXXX			1. Wages, tips, other compensation \$48,472.00		2. Federal income tax withheld \$4,405.00		
c. Employer's name, address, and ZIP code CREATIVE MARKETING LLC 1523 MAIN ST YC, YS YZIP			3. Social security wages \$53,319.00		4. Social security tax withheld \$3,305.78		
			5. Medicare wages and tips \$53,319.00		6. Medicare tax withheld \$773.13		
			7. Social security tips		8. Allocated tips		
d. Control number			9.		10. Dependant care benefits		
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP			11. Nonqualified plans		12a. See instructions for box 12 D \$4,847.00		
			13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. 		
			14. Other		12c. 		
			----- ----- -----		12d. 		
15. State YS	Employer's state ID number 797XXXXX	16. State wages, tips, etc. \$48,472.00	17. State income tax 725.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form W-2 Wage and Tax Statement 20XX</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.</p>							

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and phone no. DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIRED PAY 8899 E 56TH ST INDIANAPOLIS IN 46249-1200		1 Gross distribution <div style="text-align: right; font-weight: bold;">\$11,785.00</div>		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">20XX</div> Form 1099-R			
		2a Taxable amount <div style="text-align: right; font-weight: bold;">\$11,785.00</div>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		2b Taxable amount not determined. <input type="checkbox"/>					
PAYER'S TIN <div style="text-align: center;">34-0727612</div>		RECIPIENT'S TIN <div style="text-align: center;">491-00-XXXX</div>		3 Capital gain (included in box 2a).			
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code SARA M. MILLER 525 SPRINGFIELD ST YC, YS YZIP		4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$1,179.00</div>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS			
		5 Employee contributions/ Designated Roth contributions or insurance premiums				6 Net unrealized appreciation in employer's securities	
		7 Distribution Code(s) <div style="text-align: center;">7</div>				8 Other <div style="text-align: center;">%</div>	
9a Your percentage of total distribution <div style="text-align: center;">%</div>		9b Total Employee Contributions					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>			
13 Date of payment		14 State tax withheld		15 State/Payer's state no.			
16 State distribution		17 Local tax withheld		18 Name of locality			
19 Local distribution		18 Name of locality		19 Local distribution			
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service							

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LADY LUCK CASINO 777 CASINO WAY YC, YS YZIP		1. Reportable winnings <div style="text-align: right; font-weight: bold;">\$8,565.00</div>		2. Date won <div style="text-align: right; font-weight: bold;">07/15/20XX</div>			
		3. Type of wager <div style="text-align: right; font-weight: bold;">SLOT MACHINE</div>		4. Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$2,055.60</div>			
		5. Transaction		6. Race			
PAYER'S TIN <div style="text-align: center;">68-129XXXX</div>		PAYER'S Telephone number <div style="text-align: center;">800-777-1600</div>		OMB No 1545-0238 Form W2-G Certain Gambling Winnings (Rev. December 2023) For calendar year <div style="font-size: 1.5em; font-weight: bold; text-align: center;">20 XX</div> This information is being furnished to the IRS.			
WINNER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP		7. Winnings from identical wagers				8. Cashier	
		9. WINNER'S TIN <div style="text-align: center;">488-00-XXXX</div>				10. Window	
		11. First identification no.		12. Second identification no.			
		13. State/Payer's state identification no. <div style="text-align: center;">YS 681XXXXX</div>		14. State Winnings <div style="text-align: right; font-weight: bold;">\$8,565.00</div>			
		15. State income tax withheld <div style="text-align: right; font-weight: bold;">\$428.25</div>		16. Local Winnings			
		17. Local income tax withheld		18. Name of locality			
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.							
Signature:			Date:				
Form W-2G							

<input type="checkbox"/> CORRECTED (if checked)				
TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. OPTUM BANK PO BOX 30516 SALT LAKE CITY, UT 84130-0516			OMB No. 1545-1517 Form 1099-SA (Rev. January, 2022) For calendar Year 20XX	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 47-0858534	RECIPIENT'S TIN 488-00-XXXX	1 Gross Distribution \$3,997.98	2 Earnings on excess cont.	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code GREG L. MILLER 525 SPRINGFIELD ST YC, YS YZIP		3 Distribution Code	4 FMV on date of death	
Account number (see instructions) 30200281789		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form 1099-SA (Rev. 1-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service				

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number OPTUM BANK PO BOX 30516 SALT LAKE CITY, UT 81430-0516			OMB No. 1545-1518 20XX Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
TRUSTEE'S TIN 47-0858534		PARTICIPANT'S TIN 488-00-XXXX		Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099
PARTICIPANT'S name GREG L. MILLER Street address (including apt. no.) 525 SPRINGFIELD ST City or town, state or province, country, and ZIP or foreign postal code YC, YS YZIP Account number (see instructions) 30200281789		1 Employee's or self-employed person's Archer MSA contributions made in 2025 and 2026 for 2025 \$	2 Total contributions made in 2025 \$ 1200	
		3 Total HSA or Archer MSA contributions made in 2026 for 2025 \$ 4000	4 Rollover contributions \$	
		5 Fair market value of HSA, Archer MSA, or MA MSA \$ 15,698.00	6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
Form 5498-SA Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service				

<input type="checkbox"/> CORRECTED (if checked)				
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. USA MORTGAGE COMPANY 1000 MAIN ST YC, YS YZIP 800-899-1568		* 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.	OMB No. 1545-1380 Form 1098 (Rev. January, 2022) For calendar Year 20 <u>XX</u>	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 98-197XXXX		PAYER'S/BORROWER'S TIN 488-00-XXXX		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 non-deductible item.
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code GREG AND SARA MILLER 525 SPRINGFIELD ST YC, YS YZIP		1. Mortgage interest received from payer(s)/borrower(s) * \$6,300.00	2. Outstanding mortgage principal \$135,000.00	
9. Number of properties securing the mortgage 1		3. Mortgage origination date 05/18/2001	4. Refund of overpaid interest 5. Mortgage insurance premiums	
10. Other REAL ESTATE TAXES \$6,150		6. Points paid on purchase of principal residence 7. <input checked="" type="checkbox"/> 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.		
Account number (see instructions) 798521978		8. Address or description of property securing mortgage		11. Mortgage acquisition date
Form 1098 (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service				

2024 Itemized Deductions (Sch A) Worksheet (fillable)

I donated a vehicle worth more than \$500 I made more than \$5,000 of noncash donations
 I paid interest on borrowings for investments I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked: enter your totals below for each expense category.

Please ask if you are unsure or have any questions.

Your name: Greg and Sara Miller

**** Use zip code 60062 Northbrook IL for sales tax calculator**

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
Long-term care insurance - Greg	\$ 2000
Long-term care insurance - Sara	\$ 1700
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over the counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
	\$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$ 14775
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	
Salvation Army (clothes)	\$ 350
SGF Food Pantry (canned goods)	\$ 75
	\$
Charitable miles	714 mi.

STATE/LOCAL TAXES **	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$ 1,145
Real estate taxes (not service fees like garbage or sewer)	\$ Form 1098
Personal property (e.g. tax portion of car registration)	\$ 125
Other taxes paid (specify):	\$
Out of State Vacation home real estate taxes	\$ 875
INTEREST	
Home mortgage interest - on main home	\$ Form 1098
- on second loan or home	\$
Loan balance owed at Jan 1 or date acquired (Form 1098):	\$ Form 1098
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$
Year loan originated	Yr:
Other (specify):	\$
Credit card interest	\$ 350
OTHER:	
Gambling losses/expenses	\$ 14000
Investment expenses (for state)	\$
Other (specify):	\$