



Demographic Verification Form

Please **print**, legibly complete, sign, and return this form to our office.

Full name: Trakina Bagin
Address: 125 NW 7th Ave, Dania FL 33004
Phone: (786) 925-9560
Email(s): trakina1@aol.com
Current employer: School Board of Broward County
If unemployed, do you receive any taxable income? Yes – No (circle one)
Pay Frequency: Bi-Weekly
Example: Weekly – Bi-Weekly (every 2 weeks) – Monthly – Semi-Monthly (twice a month)

Are you a teacher who is paid for 10 or 11 months? Yes – No (circle one) (If yes, please submit verification that you are **ONLY PAID** for 10 or 11 months out of the year)

Last tax filing Marital Status:

Single – Head of Household – Married Separate – Married Joint (circle one)

If filing as **Married Joint**, your spouse's information is needed to include in the application.

Name: _____ Social Security #: _____ Date of Birth: _____

Does your spouse have federal student loans? Yes – No (circle one)

If yes, list **outstanding balance** _____ and **current loan status** (i.e; repayment, forbearance, default, etc) _____.

Does your spouse have any taxable income? Yes – No (circle one)

Spouse's Pay Frequency: N/A

Example: Weekly – Bi-Weekly (every 2 weeks) – Monthly – Semi-Monthly (twice a month)

Current Household Size:

1. How many children, *including unborn children*, are in your family and receive more than half of their support from you? 2
2. How many other people, *excluding your spouse and children*, live with you and receive more than half of their support from you? 4

*If you answer questions one and two with zero, then your application will be submitted as one (unless you file married-joint, then your application will be submitted as two)

Trakina Bagin [Signature] 6/4/25
Client Name (print) Client Signature Date

11911 US Highway One, Suite 201-39 • North Palm Beach, FL 33408

Phone: 561-207-8008 • Fax: 561-207-8007 • processing@tslhg.com • www.tslhg.com

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶ 6078142025042oxhebo3

Taxpayer's name
TRAKINA D RAGINSocial security number
592-74-2183

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	80,394
2	Total tax	2	4,686
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,694
4	Amount you want refunded to you	4	4,008
5	Amount you owe	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize C. Watson & Associates, P.A. to enter or generate my PIN
ERO firm name

42183

Enter five digits, but
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ 

Date ▶ 02/13/2025

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN
ERO firm name

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

60781492301

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Chamenka Watson

Date ▶ 2/12/2025

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

HTA

Form 1040 Comparison

2024

TRAKINA D RAGIN
592-74-2183

1040, Page 1:

	Prior Year	Current Year	Difference	%
1z Wages, salaries, tips, etc. Attach Form(s) W-2	90,406	80,694	-9,712	-11%
2a Tax-exempt interest			0	0%
b Taxable interest			0	0%
3a Qualified dividends			0	0%
b Ordinary dividends			0	0%
4a IRA distributions			0	0%
b Taxable amount			0	0%
5a Pensions and annuities			0	0%
5b Taxable amount			0	0%
6a Social security benefits			0	0%
b Taxable amount			0	0%
7 Capital gain or (loss) (Schedule D)			0	0%
8 Additional income (from Schedule 1)			0	0%
9 Total income	90,406	80,694	-9,712	-11%
10 Adjustments to income (from Schedule 1)	300	300	0	0%
11 Adjusted Gross Income (AGI)	90,106	80,394	-9,712	-11%
12 Standard deduction or itemized deductions	20,800	21,900	1,100	5%
13 Qualified business income deduction			0	0%
14 Add lines 12 and 13	20,800	21,900	1,100	5%
15 Taxable income	69,306	58,494	-10,812	-16%
Schedule 1: Additional Income				
1 Taxable refunds of state and local income taxes			0	0%
2a Alimony received			0	0%
3 Business income or (loss) (Schedule C)			0	0%
4 Other gains or (losses). Attach Form 4797			0	0%
5 Rents, royalties, partnerships, etc. (Schedule E)			0	0%
6 Farm income or (loss). Attach Schedule F			0	0%
7 Unemployment compensation			0	0%
9 Total other income			0	0%
10 Total additional income	0	0	0	0%
Schedule 1: Adjustments to Income				
11 Educator expenses	300	300	0	0%
12 Certain business expenses (Form 2106)			0	0%
13 Health savings account deduction. Attach Form 8889			0	0%
14 Moving expenses. Attach Form 3903			0	0%
15 Deductible part of self-employment tax			0	0%
16 Self-employed SEP, SIMPLE, and qualified plans			0	0%
17 Self-employed health insurance deduction			0	0%
18 Penalty on early withdrawal of savings			0	0%
19a Alimony paid			0	0%
20 IRA deduction			0	0%
21 Student loan interest deduction			0	0%
22 Reserved for future use			0	0%
23 Archer MSA deduction			0	0%
25 Total other adjustments			0	0%
26 Total adjustments to income	300	300	0	0%

1040, Page 2:

	Prior Year	Current Year	Difference	%
16 Tax	8,799	6,686	-2,113	-24%
17 Tax (from Schedule 2)			0	0%
18 Add lines 16 and 17	8,799	6,686	-2,113	-24%
19 Child tax credit or credit for other dependents	2,000	2,000	0	0%
20 Nonrefundable credits (from Schedule 3)	190		-190	-100%
21 Add lines 19 and 20	2,190	2,000	-190	-9%
22 Subtract line 21 from line 18	6,609	4,686	-1,923	-29%
23 Other taxes, including self-employment tax (from Schedule 2)			0	0%
24 Total tax	6,609	4,686	-1,923	-29%
25 Federal income tax withheld from:				
a Form(s) W-2	9,981	8,694	-1,287	-13%
b Form(s) 1099			0	0%
c Other forms			0	0%
d Total income tax withheld	9,981	8,694	-1,287	-13%
26 Estimated tax payments			0	0%
27 Earned income credit (EIC)			0	0%
Nontaxable combat pay election			0	0%
28 Additional child tax credit from (Schedule 8812)			0	0%
29 American opportunity credit (Form 8863)			0	0%
30 Reserved for future use				
31 Other payments and refundable credits (from Schedule 3)			0	0%
32 Total other payments and refundable credits	0	0	0	0%
33 Total payments	9,981	8,694	-1,287	-13%
34 Amount overpaid	3,372	4,008	636	19%
35a Amount to be refunded to you	3,372	4,008	636	19%
36 Amount to be applied to next year's estimated tax			0	0%
37 Amount you owe	0	0	0	0%
38 Penalty for underpayment of estimated tax			0	0%
Schedule 2: Tax				
Excess advance premium tax credit repayment			0	0%
1z Additions to tax			0	0%
2 Alternative minimum tax (Form 6251)			0	0%
3 Add lines 1z and 2	0	0	0	0%
Schedule 2: Other Taxes				
4 Self-employment tax (Schedule SE)			0	0%
7 Total additional social security and Medicare tax			0	0%
8 Additional tax on IRAs or other tax-favored accounts			0	0%
9 Household employment taxes (Schedule H)			0	0%
10 Repayment of first-time homebuyer credit			0	0%
11 Additional Medicare tax			0	0%
12 Net investment income tax			0	0%
13 Uncollected social security and Medicare on RRTA tax			0	0%
14 Interest on tax due on installment income			0	0%
15 Interest on the deferred tax on gain from certain installment sales			0	0%
16 Recapture of low-income housing credit			0	0%
18 Total additional taxes			0	0%
19 Recapture of net EPE from Form 4255, line 1d, column (I)			0	0%
20 Section 965 net tax liability installment from Form 965-A			0	0%
21 Total other taxes. Add lines 4 through 19	0	0	0	0%
Schedule 3: Nonrefundable Credits				
1 Foreign tax credit. Attach Form 1116 if required			0	0%
2 Credit for child and dependent care expenses (Form 2441)	190		-190	-100%
3 Education credits from Form 8863			0	0%
4 Retirement savings contributions credit (Form 8880)			0	0%
5a Residential clean energy credit			0	0%
5b Energy efficient home improvement credit			0	0%
7 Total other nonrefundable credits			0	0%
8 Total nonrefundable credits	190	0	-190	-100%
Schedule 3: Other Payments and Refundable Credits				
9 Net premium tax credit (Form 8962)			0	0%
10 Amount paid with Form 4868 (extension request)			0	0%
11 Excess social security and tier 1 RRTA tax withheld			0	0%
12 Credit for federal tax on fuels (Form 4136)			0	0%
14 Total other payments and refundable credits (Subtotal)	0	0	0	0%
15 Total other payments and refundable credits	0	0	0	0%

NAME..... RAGIN, TRAKINA D		LOCATION.....APPLIED LEARNI		CHECK DATE.....05/30/2025	
PERS. NO..... 00060547		POSITION.....STAFF ASSISTANT (HRD) (PR		PERIOD FROM... 05/12/2025	
TAX STATUS.. Single/Married f/sep		GROUP.....GRADE 23		PERIOD THRU... 05/25/2025	
EXEMPTIONS.. 00		STEP/RANGE..07		PSA/CAL..... 244 Day Cal	

NAME..... RAGIN, TRAKINA D		LOCATION.....APPLIED LEARNI		CHECK DATE.....05/16/2025						
PERS. NO..... 00060547		POSITION.....STAFF ASSISTANT (HRD) (PR		PERIOD FROM... 04/28/2025						
TAX STATUS.. Single/Married f/sep		GROUP.....GRADE 23		PERIOD THRU... 05/11/2025						
EXEMPTIONS.. 00		STEP/RANGE..07		PSA/CAL..... 244 Day Cal						
PRE-TAX		TAXABLE INCOME		POST-TAX						
GROSS INCOME		TAXES		DEDUCTION						
CURRENT 3,161.15		582.50		0.00						
CAL YTD 33,261.12		4,425.44		1,186.88						
ANNUAL SLRY 77,254.53				2,445.43						
				28,393.90						
DESCRIPTION		POSITION	RATE	HOURS	CURRENT	RETRO	CHK TOTAL	YTD	DEDUCTIONS SUMMARY	
Reg Hours-Primary	80215336	39.46592	70.50	2,782.35	25,021.40				TAXES	CURR YTD
Cafeteria Fringe					120.00				FED W/H	343.61 1,742.88
Doctor's Degree					800.00				FICA	193.61 2,174.10
Ref SalarySup Othr	80215336				201.20				MEDICARE	45.28 508.46
Sick Leave	80215336	39.46592	4.50	177.60	2,506.06				TaxYTD	582.50 4,425.44
Vacation					2,071.93				PRE-TAX	CURR YTD
Reg Hours-Secondar					699.74				Dental Com	30.31 303.10
Overtime 1.5x					29.99				Vision Com	3.23 32.30
									Metlfr Dise	4.84 48.40
									FRS CONTRB	94.84 1,059.95
Total gross					3,161.15		3,161.15	33,261.12	TTL PRE-TA	133.22 1,443.75
									POST-TAX	CURR YTD
									AFLAC Canc	388.00
									AFLAC Acd	181.60
									AFLAC Hosp	563.44
									AFLAC Shor	53.84
									TOTAL	1,186.88