

FAM-04 Patterson Scenario

Form 13614-C (Rev. 10-2012)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964
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Section A. Complete Pages 1-3

You are responsible for the information on your return so please provide complete and accurate information to the IRS certified volunteer preparer. If you have any questions please ask your preparer.

You will need your:

- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Picture ID (such as a valid driver's license or other government issued ID for you and your spouse, if applicable).

Part I. Your Personal Information

1. Your First Name Fred	M. I. P	Last Name Patterson	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your Spouse's First Name	M. I.	Last Name	Is your spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address 3717 Baxter St.	Apt#	City Denville	State NJ Zip Code 07834
4. Contact Information Phone: 973-222-1212 Cell Phone: 862-555-0004 E-mail:			
5. Your Date of Birth 09/11/1945	6. Your Job Title Retired	Are you:	7. Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. Totally and Permanently Disabled	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Your Spouse's Date of Birth	10. Your Spouse's Job Title	Is Your Spouse:	11. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No
		12. Totally and Permanently Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure			

Part II. Marital Status and Household Information

1. As of December 31, 2012, were you?
 Single
 Married: Did you live with your spouse during any part of the last six months of 2012? Yes No
 Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____
 Widowed: Year of spouse's death: _____

2. List names below of **everyone** who lived in your home in 2012 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2012. If additional space is needed please check here and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2012 (d)	US Citizen or resident of US, Canada or Mexico in 2012 (yes/no) (e)	Marital Status as of 12/31/12 (S/M) (f)	Full-time Student in 2012 (yes/no) (g)	Received less than \$3800 income in 2012 (yes/no) (h)

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205.

FAM-04 Patterson Scenario

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2012, did you (or your spouse) receive:

Yes No Unsure

1. Wages or Salary? (Form W-2) If yes, how many jobs did you have in 2012? 1
2. Tip Income?
3. Scholarships? (Forms W-2, 1098-T)
4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
5. Refund of state/local income taxes? (Form 1099-G)
6. Alimony Income?
7. Self-Employment Income? (Form 1099-MISC)
8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
9. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
10. Disability Income (such as payments from insurance, or workers compensation)? (Forms 1099-R, W-2)
11. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
12. Unemployment Compensation? (Form 1099-G)
13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
14. Income (or loss) from Rental Property?
15. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.)? (Forms W-2 G, 1099-MISC)
Specify: _____

Part IV. Expenses – In 2012 Did you (or your spouse) pay:

Yes No Unsure

1. Alimony: If yes, do you have the recipient's SSN? Yes No
2. Contributions to a retirement account? IRA Roth IRA 401K Other
3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
4. Unreimbursed employee business expenses (such as uniforms or mileage)?
5. Medical expenses (including health insurance premiums)?
6. Home mortgage interest? (Form 1098)
7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
8. Charitable contributions?
9. Child or dependent care expenses such as day-care?
10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?

Part V. Life Events – In 2012 Did you (or your spouse):

Yes No Unsure

1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099A)
3. Buy, sell or have a foreclosure of your home? (Form 1099-A)
4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
6. Live in an area that was affected by a natural disaster? If yes, where? _____
7. Receive the First Time Homebuyers Credit in 2008?
8. Pay any student loan interest? (Form 1098-E)
9. Make estimated tax payments or apply last year's refund to your 2012 tax? If so how much? _____
10. Attend school as a full time student? (Form 1098-T)
11. Adopt a child?
12. File a 2011 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?
13. Become a victim of identity theft?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

FAM-04 Patterson Scenario

Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? None

Are you or a member of your household considered disabled? Yes No

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, safest way to receive your tax refund. When you combine e-file and direct deposit, the IRS will likely issue your refund in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of \$50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?

Yes No

If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?

Yes No

If you are due a refund, would you like information on how to split your refund between accounts?

Yes No

If you have a balance due, would you like to make a payment directly from your bank account?

Yes No

Additional comments:

Under no circumstances will the Internal Revenue Service tolerate discriminatory treatment of taxpayers by its employees, or individuals who volunteer or work at Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites. No taxpayer shall be subject to discrimination on the basis of sex, race, color, national origin, reprisal, disability or age in educational programs or activities supported by the Department of the Treasury – Internal Revenue Service.

Taxpayers with a disability may require a reasonable accommodation in order to participate or receive the benefits of a program or activity supported by the Department of the Treasury – Internal Revenue Service. Site Coordinators and Managers are responsible for ensuring that requests for reasonable accommodation are granted when the request is made by a qualified individual with a disability.

If a qualified taxpayer believes that he or she has been discriminated against based on sex, race, color, national origin, disability, reprisal or age, they can file a complaint with the Department of the Treasury – Internal Revenue Service. All written complaints should be sent to:

Director, Civil Rights Division
Internal Revenue Service
1111 Constitution Avenue, NW, Rm. 2413
Washington, DC 20224

For all inquiries concerning taxpayer civil rights, contact us at the address referenced above, or e-mail us at eeo.external.civil.rights@irs.gov.

STOP HERE!

Thank you for completing this form.

Paperwork Reduction Act Notice

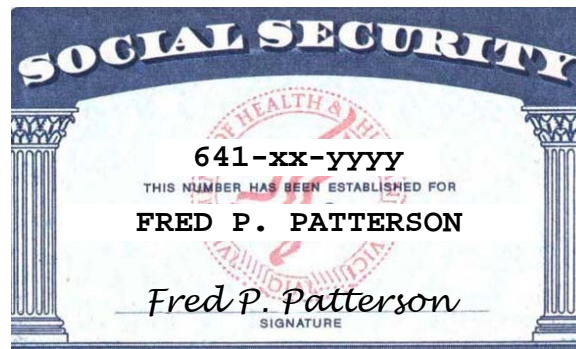
The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

FAM-04 Patterson Scenario


Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for Fred is Single.
2. Fred does not have last year's return for you to look at, but is sure that he did not itemize deductions last year.
3. Fred's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
4. Fred owns his home in Denville and paid \$9,578.00 in property tax.
5. Fred does not have a mortgage on his home.
6. Fred did not receive any property tax rebates in 2011.
7. Fred had no foreign financial interests or involvement.
8. By consulting your preparer resources you determine that Denville is located in Morris County – NJ Code 1408
9. Fred had no out-of-state purchases on which he did not pay Use tax.

Documents:



FAM-04 Patterson Scenario

a Employee's social security number 641-xx-yyyy		OMB No. 1545-0008		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 64-9xxxxxx		1 Wages, tips, other compensation 14,678.00		2 Federal income tax withheld 1,468.00			
c Employer's name, address, and ZIP code Franciscan Oaks 19 Pocono Road Denville, NJ 07834		3 Social security wages 14,678.00		4 Social security tax withheld 616.48			
		5 Medicare wages and tips 14,678.00		6 Medicare tax withheld 212.83			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff. Fred P. Patterson 3717 Baxter St. Denville, NJ 07834		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other NJSDI 29.36 NJSUI 62.38 NJFLI 11.74		12c			
				12d			
f Employee's address and ZIP code							
15 State Employer's state ID number NJ 64-9xxxxxx	16 State wages, tips, etc. 14,678.00	17 State income tax 55.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2 Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S name, street address, city, state, ZIP code, and telephone no. National City Bank 15 Main Street Denville, NJ 07834		Payer's RTN (optional) 1 Interest income \$ 1,951.57		OMB No. 1545-0112 2012 Form 1099-INT		Interest Income	
PAYER'S federal identification number 64-8xxxxxx		RECIPIENT'S identification number 641-xx-yyyy		3 Interest on U.S. Savings Bonds and Treas. obligations \$		5 Investment expenses \$		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. 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 Fred P. Patterson Street address (including apt. no.) 3717 Baxter St. City, state, and ZIP code Denville, NJ 07834		4 Federal income tax withheld \$		6 Foreign tax paid \$		7 Foreign country or U.S. possession \$			
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$					
		10 Tax-exempt bond CUSIP no. (see instructions)							
Account number (see instructions)									
Form 1099-INT		(keep for your records)		Department of the Treasury - Internal Revenue Service					

FAM-04 Patterson Scenario

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2012 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name Fred P. Patterson		Box 2. Beneficiary's Social Security Number 641-xx-yyyy												
Box 3. Benefits Paid in 2010 12,682.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) 12,682.00												
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <table border="0"> <tr> <td>Paid by check or direct deposit</td> <td align="right">10,257.20</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefit</td> <td align="right">1,156.80</td> </tr> <tr> <td>Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td align="right">0.00</td> </tr> <tr> <td>Voluntary federal income tax withheld</td> <td align="right">1,268.00</td> </tr> <tr> <td>Total Additions</td> <td align="right">12,682.00</td> </tr> <tr> <td>Benefits for 2012</td> <td align="right">12,682.00</td> </tr> </table>		Paid by check or direct deposit	10,257.20	Medicare Part B premiums deducted from your benefit	1,156.80	Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00	Voluntary federal income tax withheld	1,268.00	Total Additions	12,682.00	Benefits for 2012	12,682.00	<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> <p align="center">NONE</p>
Paid by check or direct deposit	10,257.20													
Medicare Part B premiums deducted from your benefit	1,156.80													
Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00													
Voluntary federal income tax withheld	1,268.00													
Total Additions	12,682.00													
Benefits for 2012	12,682.00													
		Box 6. Voluntary Federal Income Tax Withheld 1,268.00												
		Box 7. Address Fred P. Patterson 3717 Baxter St. Denville, NJ 07834												
		Box 8. Claim Number (Use this number if you need to contact SSA.)												

Form SSA-1099-SM (1-2011)

DO NOT RETURN THIS FORM TO SSA OR IRS