

# FAM-07 Jackson Scenario

Form <b>13614-C</b> (Rev. 10-2012)	Department of the Treasury – Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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 <u>Justine</u>	M. I.	Last Name <u>Jackson</u>	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 <u>110 Main St.</u>	Apt#	City <u>Tuckerton</u>	State <u>NJ</u> Zip Code <u>08087</u>
4. Contact Information Phone: <u>609-555-5556</u> Cell Phone: _____ E-mail: <u>jjackson@mymail.com</u>			
5. Your Date of Birth <u>05/10/1987</u>	6. Your Job Title <u>Customer Service</u>	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: 06/16/2010

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)
Elizabeth Jackson	04/04/2003	Daughter	12	Yes	S	Yes	Yes

**To check the status of your REFUND visit "Where's My Refund?" on [www.irs.gov](http://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](mailto:wi.voltax@irs.gov) or call toll free 1-877-330-1205.**

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

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

- | Yes                      | No                                  | Unsure                   |   |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Alimony: If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Unreimbursed employee business expenses (such as uniforms or mileage)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Medical expenses (including health insurance premiums)?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Home mortgage interest? (Form 1098)  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Charitable contributions?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Child or dependent care expenses such as day-care?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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                   |   |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12)                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099A) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Buy, sell or have a foreclosure of your home? (Form 1099-A)  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Live in an area that was affected by a natural disaster? If yes, where? _____                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Receive the First Time Homebuyers Credit in 2008?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 8. Pay any student loan interest? (Form 1098-E)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Make estimated tax payments or apply last year's refund to your 2012 tax? If so how much? _____          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Attend school as a full time student? (Form 1098-T)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Adopt a child?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. File a 2011 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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

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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 [x] 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? [x] Yes [ ] No

If you are due a refund, would you like information on how to purchase U.S. Savings Bonds? [ ] Yes [x] No

If you are due a refund, would you like information on how to split your refund between accounts? [ ] Yes [x] No

If you have a balance due, would you like to make a payment directly from your bank account? [ ] Yes [x] No

Additional comments:

Multiple horizontal lines for entering 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

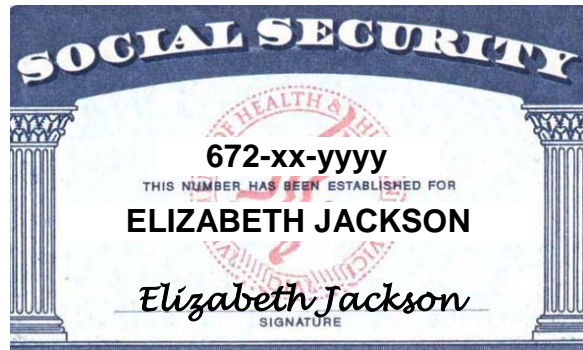
The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, 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-07 Jackson Scenario

### Interview Notes:


1. By consulting your preparer resources you determine that the correct filing status for Justine is Head of Household.
2. Justine lives with her mother (rent-free), but provides all support for Lizzy.
3. Justine paid \$678.00 in student loan interest.
4. Justine brought a copy of last year's return with her – you look at it and determine that she did not itemize deductions last year.
5. Justine's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
6. Justine is a US citizen (i.e. she is not a non-resident alien). Justine cannot be a qualifying child of another person for EIC purposes. No other person can claim Elizabeth for EIC. The SSN for Elizabeth is valid for EIC purposes. Justine has never had her EIC reduced or disallowed.
7. By consulting your preparer resources you determine that Tuckerton is located in Ocean County – NJ Code 1533
8. Justine had no out-of-state purchases on which she did not pay Use tax.
9. Elizabeth is covered by health insurance.

### Documents:



<b>Justine Jackson</b>		2851
110 Main Street		
Tuckerton, NJ 08087		Date _____
Pay to the Order of _____	\$ _____	
PNC BANK, N.A. NEW JERSEY 060		Dollars  Security Features Included See Back 
For _____	FRP	
⑆234567890 ⑆ 12345678901 ⑆ 2851		
PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS		

## FAM-07 Jackson Scenario

a Employee's social security number <b>671-xx-yyyy</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>								
b Employer identification number (EIN) <b>67-9xxxxxyy</b>			1 Wages, tips, other compensation <b>12,821.00</b>		2 Federal income tax withheld <b>675.00</b>									
c Employer's name, address, and ZIP code <b>Ana's Closet                  546 Second Ave.                  Tuckerton, NJ 08087</b>			3 Social security wages <b>12,821.00</b>		4 Social security tax withheld <b>538.48</b>									
			5 Medicare wages and tips <b>12,821.00</b>		6 Medicare tax withheld <b>185.90</b>									
			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. <b>Justine Jackson                  110 Main St.                  Tuckerton, NJ 08087</b>			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 25.64 NJSUI 54.49 NJFLI 10.26		12c 12d									
f Employee's address and ZIP code			15 State Employer's state ID number NJ   <b>679xxxxxyy</b>		16 State wages, tips, etc. <b>12,821.00</b>		17 State income tax <b>150.00</b>		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)				OMB No. 1545-0120		<b>2012</b> Form 1099-G	<b>Certain Government Payments</b>
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>New Jersey Department of Labor                  PO Box 908                  Trenton, NJ 08625</b>			1 Unemployment compensation <b>\$ 6,375.00</b>				
PAYER'S federal identification number <b>22-2481818</b>		RECIPIENT'S identification number <b>671-xx-yyyy</b>		3 Box 2 amount is for tax year		4 Federal income tax withheld <b>\$ 637.50</b>	
RECIPIENT'S name <b>Justine Jackson</b>  Street address (including apt. no.) <b>110 Main St.</b>  City, state, and ZIP code <b>Tuckerton, NJ 08087</b>			5 ATAA/RTAA payments <b>\$</b>		6 Taxable grants <b>\$</b>		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.
			7 Agriculture payments <b>\$</b>		8 If checked, box 2 is trade or business income <input type="checkbox"/>		
			9 Market gain <b>\$</b>				
Account number (see instructions)			10a State <b>NJ</b>		10b State identification no. <b>\$</b>		
11 State income tax withheld <b>\$</b>							

**Form 1099-G**
(keep for your records)
Department of the Treasury - Internal Revenue Service