

FAM-02 Conway Scenario

Form **13614-C**
(Rev. 10-2012)

Department of the Treasury – Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB # 1545-1964

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 Charles	M. I. T	Last Name Conway	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your Spouse's First Name Carol	M. I. M	Last Name Conway	Is your spouse a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing Address 910 Birch St.		Apt#	City Jersey City	State NJ
				Zip Code 07310
4. Contact Information				
Phone: 201-999-9999		Cell Phone:		E-mail: conway910@mymail.com
5. Your Date of Birth 03/15/1982	6. Your Job Title Engineer		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 02/28/1984	10. Your Spouse's Job Title Teacher		Is Your Spouse:	11. Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				12. Totally and Permanently Disabled <input type="checkbox"/> Yes <input checked="" 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.

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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> 2 </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)
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 type="checkbox"/> | <input checked="" 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? No

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

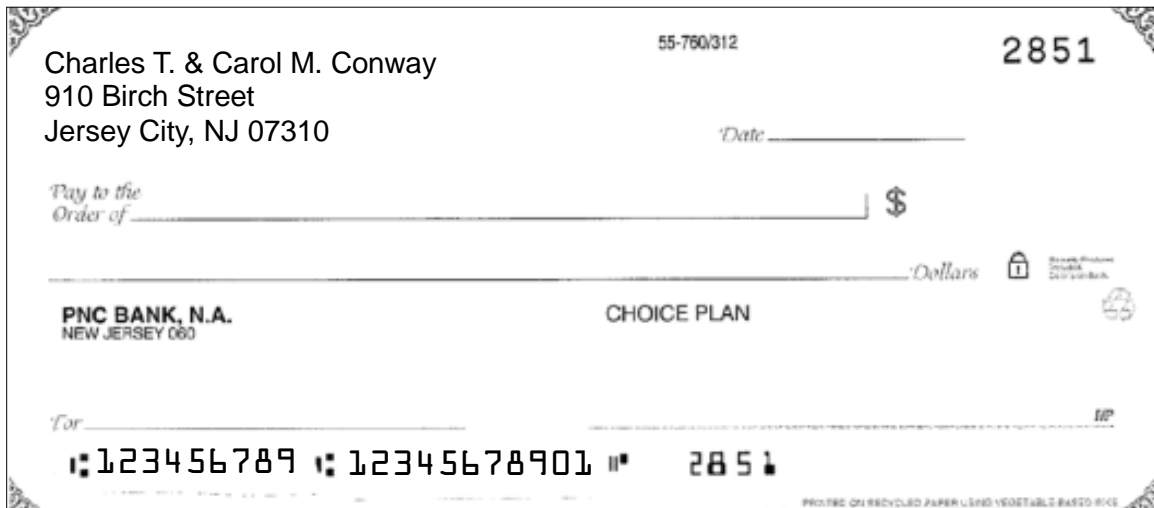
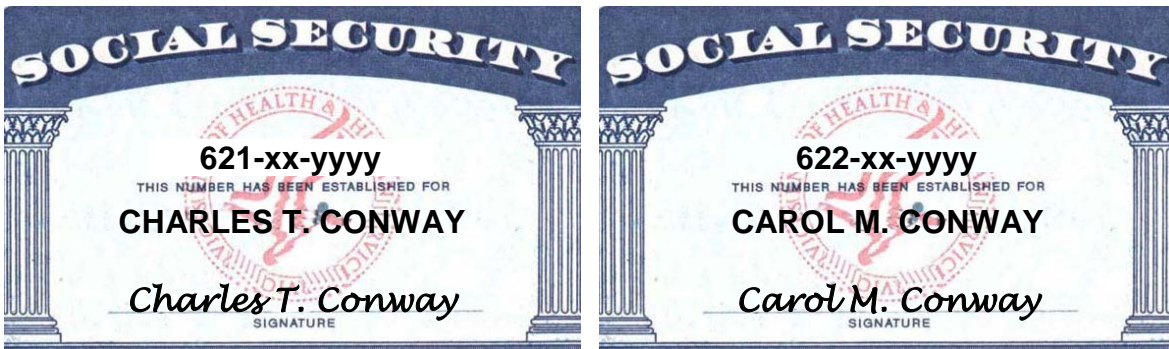
The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler,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

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Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for the Conways is Married Filing Jointly.
2. The Conways did not itemize deductions last year.
3. The Conways moved from an apartment in Hoboken to an apartment in Jersey City on September 30 of the current tax year. They paid \$2,000/month rent in Hoboken through September and \$1,000/month in Jersey City starting in October.
4. Charles lost his job in August of the current tax year and collected unemployment for the balance of the year.
5. In January of the tax year the Conways purchased a 50" LCD TV from Amazon.com and did not pay sales tax on the purchase amount of \$1,500.00. The sales tax amount would have been \$105.00.
6. The Conway's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
7. By consulting your preparer resources you determine that Jersey City is located in Hudson County – NJ Code is 0906

Documents:




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a Employee's social security number 621-xx-yyyy		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 62-9xxyyyy		1 Wages, tips, other compensation 32,867.00		2 Federal income tax withheld 4,500.00									
c Employer's name, address, and ZIP code Vampire Engineering 32 Blood Ave. Jersey City, NJ 07310		3 Social security wages 33,867.00		4 Social security tax withheld 1,422.41									
		5 Medicare wages and tips 33,867.00		6 Medicare tax withheld 491.07									
		7 Social security tips		8 Allocated tips									
d Control number		9		10 Dependent care benefits									
e Employee's first name and initial Last name Charles T. Conway 967 Water St. Hoboken, NJ 07030		11 Nonqualified plans		12a See instructions for box 12 D 1,000.00									
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b									
		14 Other NJSDI 67.73 NJSUI 143.93 NJFLI 27.09		12c									
				12d									
f Employee's address and ZIP code		15 State Employer's state ID number NJ 62-9xxyyyy		16 State wages, tips, etc. 32,505.00		17 State income tax 1,020.00		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.

a Employee's social security number 622-xx-yyyy		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 62-8xxyyyy		1 Wages, tips, other compensation 20,176.00		2 Federal income tax withheld 1,200									
c Employer's name, address, and ZIP code Smart Kids Charter Schools 98 Willow Lane Boston, MA 02108		3 Social security wages 20,176.00		4 Social security tax withheld 847.39									
		5 Medicare wages and tips 20,176.00		6 Medicare tax withheld 292.55									
		7 Social security tips		8 Allocated tips									
d Control number		9		10 Dependent care benefits									
e Employee's first name and initial Last name Carol M. Conway 910 Birch St. Jersey City, NJ 07310		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 40.35 NJSUI 85.75 NJFLI 16.14		12c									
				12d									
f Employee's address and ZIP code		15 State Employer's state ID number NJ 62-8xxyyyy		16 State wages, tips, etc. 20,176.00		17 State income tax 403.50		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.

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CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor PO Box 908 Trenton, NJ 08625		1 Unemployment compensation \$ 9,860.10	OMB No. 1545-0120 <b style="font-size: 2em;">2012 Form 1099-G	Certain Government Payments	
PAYER'S federal identification number 22-2481818	RECIPIENT'S identification number 621-xx-yyyy	2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 986.01	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 Charles T. Conway Street address (including apt. no.) 910 Birch St. City, state, and ZIP code Jersey City, NJ 07310		5 ATAA/RTAA payments \$	6 Taxable grants \$	7 Agriculture payments \$	
Account number (see instructions)		8 If checked, box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$	10a State NJ	
Form 1099-G		10b State identification no.	11 State income tax withheld \$	(keep for your records)	
		Department of the Treasury - Internal Revenue Service			