

PRO-P1 Moore 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 Hilda	M. I. M	Last Name Moore	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 2621 Tudor Ave.	Apt#	City Livingston	State NJ Zip Code 07039
4. Contact Information Phone: 352-111-1111 Cell Phone: E-mail:			
5. Your Date of Birth 12/29/1961	6. Your Job Title Nurse	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: 04/03/2010

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)
Ronald Moore	05-15-89	Son	12	Yes	S	Yes	Yes
Edna Moore	09-28-94	Daughter	12	Yes	S	Yes	Yes
Deloris Moore	05-21-96	Daughter	12	Yes	S	Yes	Yes

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.

Catalog Number 52121E

Form **13614-C** (Rev. 10-2012) 1

PRO-P1 Moore 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: Gambling \$1,500

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

Catalog Number 52121E

Form **13614-C** (Rev. 10-2012) 2

PRO-P1 Moore 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

Catalog Number 52121E

Form **13614-C** (Rev. 10-2012) 3

PRO-P1 Moore Scenario

Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return! Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2

Yes No 1. Can anyone else claim any of the persons listed in Part II, question 2, as a dependent on their return? **If yes, which ones:**

Yes No 2. Were any of the persons listed in Part II, question 2, totally and permanently disabled? **If yes, which ones:**

Yes No 3. Did any of the persons listed in Part II, question 2 provide more than 50% of their own support? **If yes, which ones:**

Yes No 4. Did the taxpayer provide more than half the support for any of the persons listed in Part II, question 2? **If yes, which ones:**

N/A

Yes No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, question 2? **If yes, which ones:**

N/A

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Additional Tax Preparer Notes:

Section C. Certified Volunteer Quality Reviewer Section

Review the tax return to ensure the following actions have been taken.

1. The **certification levels** of this tax return and volunteer preparer were verified.

2. All **unsure** boxes were discussed with the taxpayer and correctly marked yes or no.

3. The **information** on pages one and two was correctly addressed and transferred to the return.

4. Taxpayer's **identity** has been verified and **address** and **phone numbers** are correct.

5. Names, **SSNs, ITINs,** and **EINs,** were verified and correctly transferred to the return.

6. **Filing status** was verified and correct.

7. **Personal and Dependency Exemptions** are entered correctly on the return.

8. All **Income** (including income with or without source documents) checked "yes" in section A, part III was correctly transferred to the tax return.

9. **Adjustments** to Income are correctly reported.

10. **Standard, Additional or Itemized deductions** are correct.

11. All **credits** are correctly reported.

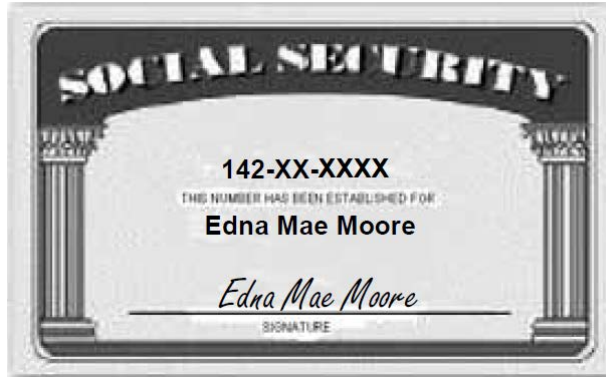
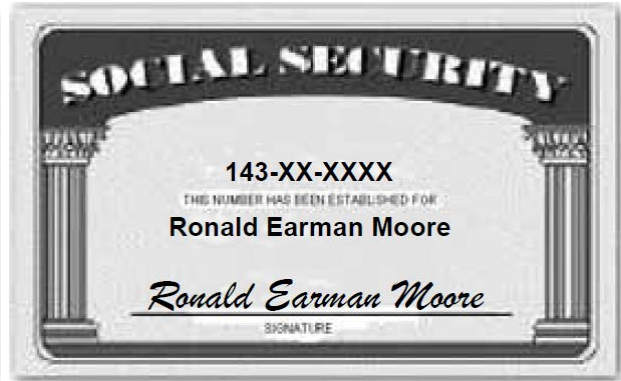
12. **Withholding** shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

13. **Direct Deposit/Debit** and checking/saving account numbers are correct.

14. The correct **SIDN** is shown on the return.

15. The taxpayer(s) was advised that they are **responsible** for the information on their return.

PRO-P1 Moore Scenario



PRO-P1 Moore Scenario

Interview Notes - Moore

1. Hilda's husband, Sam, died on April 3rd 2010. He was a federal employee at the time of his death, and Hilda was able to start drawing his joint/survivor annuity in January, 2011. (The NJ three year rule was not used on her 2011 NJ return.)
2. Hilda paid all household expenses and all support for her three children. No other person can claim any of the children as a dependent on their return.
3. Hilda was unemployed for a few months last year.
4. She is repaying a student loan and received a statement from the lending institution showing that she had paid \$385.67 in interest last year.
5. Hilda received \$450 in federal and NJ tax-exempt interest from York Municipal Bonds. (Note: "York" is the name of the company, not the name of a place.)
6. Hilda had gambling losses of \$2,000.
7. Ronald is a full-time undergraduate student at the University of Columbus. He started attending college three years ago last August. Ronald's grandmother made the payments for his tuition and fees directly to the university. (To be safe, you confirm that the amounts on the 1098-T from the University agree with the payments actually made: \$16,900 in actual payments offset by \$10,000 scholarship.) Ronald did not receive a 1098-T for 2011 with any entry in box 2. Ronald does not have a felony controlled substance conviction.
8. To help pay for Ronald's education, Hilda took an early distribution from her IRA account.
9. Hilda has records that indicate the value of her IRA on 12-31 was \$45,000. Her total contributions that were previously taxed is \$20,000. This is her first withdrawal from this IRA.
10. Hilda wants to handle the Gubernatorial Election Campaign Fund the same way as the Presidential Election Campaign Fund.
11. Hilda did not itemize deductions last year.
12. Ronald is no longer covered by Hilda's Health Insurance policy and neither Hilda nor anyone else can afford to purchase separate insurance for him.
13. Hilda was a tenant in Livingston (Essex County) all year. Her rent was \$800 per month.
14. Hilda did not make any out of state purchases on which she would owe Use Tax.
15. Hilda would like any NJ refund or amount due to be handled the same way as for her federal return.
16. Hilda had dental insurance through Hawthorn General which cost her \$55 per month. It was pre-tax for federal and after-tax for NJ.

PRO-P1 Moore Scenario

<input type="checkbox"/> CORRECTED (if checked)		2012		Interest Income	
PAYER'S name, street address, city, state, ZIP code, and telephone no. A.BEAN BANK & TRUST 704 NE State St. Gainesville, FL 32602		Payer's RTN (optional) 1 Interest income \$ 289.35 2 Early withdrawal penalty \$		OMB No. 1545-0112 2012 Form 1099-INT	
PAYER'S federal identification number 10-6XXXXXX	RECIPIENT'S identification number 141-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations \$		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 HILDA MOORE		4 Federal income tax withheld \$	5 Investment expenses \$		
Street address (including apt. no.) 2621 Tudor Ave		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
City, state, and ZIP code Livingston, NJ 07039		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
Account number (see instructions)		10 Tax-exempt bond CUSIP no. (see instructions)			
Form 1099-INT		(keep for your records)		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED (if checked)		2012		Wage and Tax Statement	
PAYER'S name, street address, city, state, ZIP code, and telephone no. A.BEAN BANK & TRUST 704 NE State St. Gainesville, FL 32602		Payer's RTN (optional) 1 Interest income \$ 289.35 2 Early withdrawal penalty \$		OMB No. 1545-0112 2012 Form 1099-INT	
PAYER'S federal identification number 10-6XXXXXX	RECIPIENT'S identification number 141-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations \$		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 HILDA MOORE		4 Federal income tax withheld \$	5 Investment expenses \$		
Street address (including apt. no.) 2621 Tudor Ave		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
City, state, and ZIP code Livingston, NJ 07039		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
Account number (see instructions)		10 Tax-exempt bond CUSIP no. (see instructions)			
Form 1099-INT		(keep for your records)		Department of the Treasury - Internal Revenue Service	

PRO-P1 Moore Scenario

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0238 2012 Form W-2G Certain Gambling Winnings	
PAYER'S name, address, ZIP code, federal identification number, and telephone number HESSER CASINO 233 Catawba Highway Reno, NV 89510 Payer ID 10-7XXXXXX 775-555-XXXX	1 Gross winnings \$ 1,500.00	2 Federal income tax withheld \$	
	3 Type of wager SLOTS	4 Date won 06-25-2012	This information is being furnished to the Internal Revenue Service.
	5 Transaction	6 Race	
	7 Winnings from identical wagers	8 Cashier	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.
WINNER'S name, address (including apt. no.), and ZIP code HILDA M. MOORE 2621 Tudor Ave. Livingston, NJ 07039	9 Winner's taxpayer identification no. 141-XX-XXXX	10 Window	
11 First I.D.	12 Second I.D.		
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		13 State/Payer's state identification no.	
Signature ► <i>Hilda M. Moore</i>		14 State income tax withheld \$ Date ► 06-25-2012	
Form W-2G		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED		OMB No. 1545-1574 2012 Form 1098-T Tuition Statement
FILER'S name, street address, city, state, ZIP code, and telephone number UNIVERSITY OF COLUMBUS 677 D. Jones University Drive Columbus, OH 43216	1 Payments received for qualified tuition and related expenses \$ 16,900.00	2 Amounts billed for qualified tuition and related expenses \$
FILER'S federal identification no. 10-8XXXXXX	STUDENT'S social security number 143-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2011 <input type="checkbox"/>
STUDENT'S name RONALD MOORE	4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 10,000.00
Street address (including apt. no.) 2621 Tudor Ave. City, state, and ZIP code Livingston, NJ 07039	6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► <input type="checkbox"/>
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>
Form 1098-T (keep for your records)		10 Ins. contract reimb./refund \$
Form 1098-T		Department of the Treasury - Internal Revenue Service

PRO-P1 Moore Scenario

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor 22 South Clinton Avenue Trenton, NJ 08609-1212		1 Unemployment compensation \$ 1,753.52	OMB No. 1545-0120 2012 Form 1099-G	Certain Government Payments
PAYER'S federal identification number 22-2481818	RECIPIENT'S identification number 141-XX-XXXX	3 Box 2 amount is for tax year \$	4 Federal income tax withheld \$ 98.00	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 HILDA MOORE		5 AA/VRTAA payments \$	6 Taxable grants \$	
Street address (including apt. no.) 2621 Tudor Ave. City, state, and ZIP code Livingston, NJ 07039		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
Account number (see instructions)		9 Market gain \$	11 State income tax withheld \$	
		10a State	10b State identification no.	

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

PAID BY OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P.O. BOX 45 BOYERS, PA 16017-0045	STATEMENT OF ANNUITY PAID Copy B - File with Federal tax return	2012	OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.															
Form CSA 1099R (Rev. 1/2009) This information is being furnished to the Department of Treasury - Internal Revenue Service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> PAYER'S Federal Identification 16-5XXXXXX </td> <td style="width: 33%;"> Recipient's ID No. (Annuitant) 141-XX-XXXX </td> <td style="width: 33%;"> Account number (Retirement Claim No.) CSA 29161713 </td> </tr> <tr> <td colspan="3" style="text-align: center;"> PAID TO → HILDA MAE MOORE 2621 Tudor Ave. Livingston, NJ 07039 </td> </tr> </table>	PAYER'S Federal Identification 16-5XXXXXX	Recipient's ID No. (Annuitant) 141-XX-XXXX	Account number (Retirement Claim No.) CSA 29161713	PAID TO → HILDA MAE MOORE 2621 Tudor Ave. Livingston, NJ 07039			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">1. Gross distribution</td> <td style="text-align: right;">\$17,585.25</td> </tr> <tr> <td>2a. Taxable amount</td> <td style="text-align: right;">\$16,570.00</td> </tr> <tr> <td>4. Federal Income Tax Withheld</td> <td style="text-align: right;">\$2,250.00</td> </tr> <tr> <td>State 1 10. State Income Tax Withheld</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>State 2 10. State Income Tax Withheld</td> <td></td> </tr> </table>	1. Gross distribution	\$17,585.25	2a. Taxable amount	\$16,570.00	4. Federal Income Tax Withheld	\$2,250.00	State 1 10. State Income Tax Withheld	NONE	State 2 10. State Income Tax Withheld	
PAYER'S Federal Identification 16-5XXXXXX	Recipient's ID No. (Annuitant) 141-XX-XXXX	Account number (Retirement Claim No.) CSA 29161713																
PAID TO → HILDA MAE MOORE 2621 Tudor Ave. Livingston, NJ 07039																		
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2a. Taxable amount	\$16,570.00																	
4. Federal Income Tax Withheld	\$2,250.00																	
State 1 10. State Income Tax Withheld	NONE																	
State 2 10. State Income Tax Withheld																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> 5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums \$1,200.00 </td> <td style="width: 33%;"> 7. Distribution Code(s) 4-Death Benefits </td> <td style="width: 33%;"> 9b. Total Employee Contributions \$34,250.00 </td> </tr> </table>				5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums \$1,200.00	7. Distribution Code(s) 4-Death Benefits	9b. Total Employee Contributions \$34,250.00												
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To separate, tear on perforation																		

PRO-P1 Moore Scenario

<input type="checkbox"/> CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code Northern Financial Services P.O. Box 1011 Fairbanks, AK 99701		1 Gross distribution \$ 5,000.00 2a Taxable amount \$ 5,000.00	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div> Form 1099-R
PAYER'S federal identification number 23-8XXXXXX		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S identification number 141-XX-XXXX	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$ 500.00	
RECIPIENT'S name Hilda Moore Street address (including apt. no.) 2621 Tudor Ave. City, state, and ZIP code Livingston, NJ 07039		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
10 Amount allocable to IRR within 5 years \$		7 Distribution code(s) 1	8 Other \$ %
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$
Account number (see instructions) 12349876		12 State tax withheld \$ 100.00	13 State/Payer's state no. NJ 238XXXXXX
\$		14 State distribution \$ 5,000.00	\$
\$		15 Local tax withheld \$	16 Name of locality \$
\$		\$	17 Local distribution \$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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 Internal Revenue Service.

Form **1099-R**

Department of the Treasury - Internal Revenue Service