Section A. You should complete Pages 1-3

Thank you for allowing us to prepare your tax return. You are responsible for the information on your return so please provide complete and accurate information to the certified tax 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.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

#### Part I. Your Personal Information

i arci. i our i orsonar inton	nation									
1. Your First Name		M. I.	Last Na	ame			ŀ	Are you	u a U.S. (	Citizen?
Troy		Н	McCoo	ok			[	X Yes	i 🗌 No	
<ol><li>Spouse's First Name</li></ol>		M. I.	Last Na	ame			1	s spou	ise a U.S	. Citizen?
Yvonne			McCoo	ok				X Yes	No	
3. Mailing Address		Apt#	С	ity			State	Zip (	Code	
30911 Charles Busby Road			P	aterson			NJ	075	24	
4. Contact Information Phone: 973-444-5555	Cell Phor	ne:			E-mail:					
5. Your Date of Birth	6. Your J	ob Title	е		Are you:	7. Lega	ally Blind	d	Yes	s 🗙 No
09/11/1937	Retired				8. Totally	and Perman	ently D	isable	d 🗌 Yes	s 🗙 No
9. Spouse's Date of Birth	10. Spous	e's Job	o Title	l	s Spouse:	11. Lega	lly Blind	ł	Yes	s 🗙 No
12/07/1940	Retired			1	2. Totally	and Perman	ently D	isable	d 🗌 Yes	s 🗙 No
13. Can anyone claim you or yo	our spouse o	on their	r tax retu	rn?	Yes 🗙	No 🗌 Unsu	re			
Part II. Marital Status and	d Househ	old In	nformat	tion						
Single  Married: Did you live wi  Divorced or Legally Seg  Widowed: Year of spou	parated: Dat	e of fin	al decree						No	
<ol> <li>List names below of everyo lived outside of your home t list on page 3.</li> </ol>										
Name (first, last) Do not enter your name or spouse's name below. (a)	Date of (mm/do	l/yy)	Relationship (e.g. daug son, mot sister, no (c)	hter, her,	Number of months lived in your home in 2011 (d)	US Citizen o resident of th US, Canada o Mexico in 201 (yes/no) (e)	e St or a: 11 12/3 (S	arital atus s of 31/11 S/M) (f)	Full- time student in 2011 (yes/no) (g)	Received less than \$3700 income in 2011 (yes/no) (h)
<ul> <li>Volunteers assisting with the second s</li></ul>	ith prepari	ng yo	ur retur	n are t	rained to	provide hi	igh qu	ality s	service a	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.

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

Catalog Number 52121E

Form **13614-C** (Rev. 10-2011)

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.
Part III. Income – In 2011, did you (or your spouse) receive:
Yes       No       Unsure         X       1.       Wages or Salary? (Form W-2)         X       2.       Tip Income?         X       3.       Scholarships? (Forms W-2, 1098-T)         X       3.       Scholarships? (Forms W-2, 1098-T)         X       1.       4.         Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)         X       5.         Refund of state/local income taxes? (Form 1099-G)         X       6.         Alimony Income?         X       7.         Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)         X       8.         Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
<ul> <li>(Forms 1099-5, 1099-5)</li> <li>S. 9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)</li> <li>10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)</li> <li>X. 11. Unemployment Compensation? (Form 1099-G)</li> <li>X. 12. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)</li> <li>X. 13. Income (or loss) from Rental Property?</li> <li>X. 14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify:</li></ul>
Part IV. Expenses – In 2011 Did you (or your spouse) pay:
Yes       No       Unsure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure         Image: Solution of the structure       Image: Solution of the structure       Image: Solution of the structure
<ul> <li>(Form 1098-T)</li> <li>X</li> <li>4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?</li> <li>S. Medical expenses (including health insurance premiums)?</li> <li>S. Medical expenses (including health insurance premiums)?</li> <li>6. Home mortgage interest? (Form 1098)</li> <li>7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)</li> <li>X</li> <li>8. Charitable contributions?</li> <li>Y</li> <li>9. Child/dependent care expenses, such as day-care?</li> </ul>
Part V. Life Events – In 2011 Did you (or your spouse):
Yes No       Unsure         X       1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 with code W in Box 12)         X       2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C)         X       3. Buy, sell or have a foreclosure of your home? (Form 1099-A)         X       4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?         X       5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?         X       6. Live in an area that was affected by a natural disaster? If yes, where?         X       7. Receive the First Time Homebuyers Credit in 2008?         X       8. Pay any student loan interest? (Form 1098-E)         X       9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much?
<ul> <li>X In the second s</li></ul>
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 <b>13614-C</b> (Rev. 10-2011)

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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?	Spanish
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Are you or a member of your household considered disabled?

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

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return
  means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds 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:

#### STOP HERE!

#### Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

#### 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
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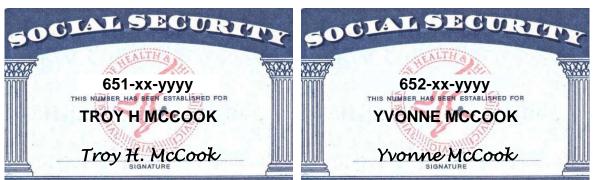
Form **13614-C** (Rev. 10-2011)

10-13-2012 TY2011 v2.0

### **Interview Notes:**

- 1. By consulting your preparer resources you determine that the correct filing status for the McCooks is Married Filing Jointly.
- 2. The McCooks lost last year's federal and NJ return, but assure you that they did not itemize deductions last year.
- 3. The McCooks decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
- 4. The McCooks do not own a home. They paid rent of \$12,500.00 for the year.
- 5. By consulting your preparer resources you determine that Paterson is located in Passaic County NJ Code 1608
- 6. The McCooks had no out-of-state purchases on which they did not pay Use tax.
- 7. The value of Troy's Ameritech IRA on Dec 31, 2010 was \$137,255. Unfortunately, the McCooks do not have any way to get any information on Troy's contributions to or prior year distributions from his Ameritech IRA.

### **Documents:**



	55-760/312	3001
	'Date	
Pay to the Order of		\$
		Oollars 🛱 States
PNC BANK, N.A. NEW JERSEY 060	CHOICE PLAN	69
'for		IIP.
•:098309175 •:8508839921		MOTHER DI MEDVOLID ALMIN USAD VANDET ALLE RASTO PART

# FAM-05 McCook Scenario FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

Box 2. Beneficiary's Social Security Number 651-xx-yyyy 2010 Box 5. Net Benefits for 2010 (Box 3 minus Box 4) 12,765.00 DESCRIPTION OF AMOUNT IN BOX 4 NONE
12,765.00 DESCRIPTION OF AMOUNT IN BOX 4
DESCRIPTION OF AMOUNT IN BOX 4
NONE
Iuntary Federal Income Tax Withheld 1,276.50 Idress 7 H. McCook 11 Charles Busby Road
erson, NJ 07524

# FAM-05 McCook Scenario FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

Box 1. Name			Box 2. Beneficiary's Social Security Number	
Yvonne McCook			652-хх-уууу	
Box 3. Benefits Paid in 2010	Box 4. Benefits Repair	d to SSA in 2010	Box 5. Net Benefits for 2010 (Box 3 minus Box 4)	
10,200.00	NO	ONE 10,200.00		
DESCRIPTION OF AMOUNT I	N BOX 3	DESC	RIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit Medicare Part B premiums dedu from your benefit Medicare Prescription Drug prer (part D) deducted from your Benefits Voluntary federal income tax withheld Total Additions Benefits for 2011	\$1,156.80	Box 6. Voluntary Fed Box 7. Address Yvonne N	NONE deral Income Tax Withheld 1,020.00	
		30911 Ch Paterson	arles Busby Road , NJ 07524	
	DO NOT RETURN THIS	Paterson Box 8. Claim Numbe	, NJ 07524	

		CTED (if checked)		_
PAYER'S name, street address, city,	state, ZIP code, and telephone no.	1a Total ordinary dividends	OMB No. 1545-0110	
Oppenheimer Fun	d	500.00		Dividends and
PO Box 5270		\$	2011	Difference and
Denver, CO 80217		1b Qualified dividends		Distributions
			Form 1099-DIV	
		2a Total capital gain distr. \$ 100.00	2b Unrecap. Sec. 12 \$	Сорув
PAYER'S federal identification number	RECIPIENT'S identification number	2c Section 1202 gain	2d Collectibles (28%)	5) gain
65-9ххуууу	651-хх-уууу	\$	\$	
RECIPIENT'S name	Į	3 Nondividend distributions	4 Federal income tax	
		\$	\$ 50.00	This is important tax information and is
	Troy H. McCook		5 Investment expense \$	
Street address (including apt. no.)		6 Foreign tax paid	7 Foreign country or U.S.	
90911 Charles Bus	90911 Charles Busby Road			return, a negligence penalty or other sanction may be
City, state, and ZIP code		8 Cash liquidation distributions	9 Noncash liquidation dis	istributions imposed on you if this income is taxable
Paterson, NJ 0752	24	\$	\$	and the IRS
Account number (see instructions)				determines that it has not been reported.
				not been reported.
Form 1099-DIV	(keep for your reco	rds)	Department of the T	Treasury - Internal Revenue Service

	VOID CORRE	CTE	ED				_		
PAYER'S name, street address, city, state, and ZIP code		1	Gross distribution OMB No. 1545-011		B No. 1545-0119		Distributions From		
PO Box 1389		\$ 2a	13,223. Taxable amou	nt	2011		Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		
Boston, MA 02104		\$	13,223.	.00	Form <b>1099-R</b>			Insurance Contracts, etc.	
		2b	Taxable amou not determined			Total distributio	n	Copy 1 For	
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	State, City, or Local	
65-7ххуууу	651-хх-уууу	\$			\$	1,323.0	0	Tax Department	
RECIPIENT'S name		5	Employee contr		6	Net unrealized			
Troy McCook			/Designated Roth contributions or insurance premiums		employer's securities				
		\$			\$				
Street address (including apt. no	·	7	Distribution code(s)	IRA/ SEP/	8	Other			
30911 Charles Busby Road			7	SIMPLE	\$		%		
City, state, and ZIP code Paterson, NJ 07	F04	9a	Your percentage	of total	9b	Total employee con	tributions		
· · · · · · · · · · · · · · · · · · ·			distribution	%	\$				
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.		State tax withhe	əld	13	State/Payer's st	tate no.	14 State distribution	
		\$						\$	
Account number (see instructions)		\$ 15	Local tax withh		16	Name of localit		\$ 17 Local distribution	
		\$	LUCAI LAX WILLING	au	10	Name of localit	y	\$	
		\$						\$	
Form 1099-R		ιΨ Ψ			D	epartment of the T	Freasury -	Internal Revenue Service	

	VOID CORRE	CTI	ED				_	
PAYER'S name, street address, city, state, and ZIP code			Gross distribution			B No. 1545-0119		Distributions From
		\$ 2a	12,250 Taxable amount		2011		ensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,	
Greenfield, MA 01301		\$	12,250		F	orm <b>1099-R</b>		Insurance Contracts, etc.
		2b	Taxable amount not determined		Total distribution		Copy 1 For	
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	State, City, or Local
65-8xxyyyy	652-хх-уууу	\$			\$	1,225.0	0	Tax Department
RECIPIENT'S name	RECIPIENT'S name		Employee contr /Designated Ro		6	Net unrealized		
Yvonne McCook			contributions or employer's se					
		\$			\$			
Street address (including apt. no	,	7	Distribution code(s)	IRA/ SEP/	8	Other		
30911 Charles Busby Road			7	SIMPLE	\$		%	
City, state, and ZIP code Paterson, NJ 07	501	9a	Your percentage		9b	Total employee cor	tributions	
		10	distribution	%	-	0 <i>(</i> D		44.00
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib	1.7	State tax withhe	eia	13	State/Payer's s	tate no.	<b>14</b> State distribution
¢		\$ \$						\$
			Local tax withhe	əld	16	Name of locali	tv	⊅ 17 Local distribution
		\$					.,	\$
		\$						\$
Form 1099-R Department of the Treasury - Internal Revenue Service								