

# PRO-P3 Fleming Scenario

Form <b>13614-C</b> (Rev. 10-2011)	Department of the Treasury – Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	OMB # 1545-1964					
<b>Section A. You should complete Pages 1-3</b>							
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.							
<b>You will need your:</b>							
<ul style="list-style-type: none"> <li>Tax information such as Forms W-2, 1099, 1098.</li> <li>Social security cards or ITIN letters for you and all persons on your tax return.</li> <li>Proof of Identity (such as a valid drivers license or other government issued picture ID).</li> </ul>							
<b>Part I. Your Personal Information</b>							
1. Your First Name Anna	M. I. E	Last Name Fleming	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Mailing Address 365 Wilkes Drive	Apt#	City Jersey City	State NJ      Zip Code 07302				
4. Contact Information Phone: 201-555-1212      Cell Phone: 862-555-3434      E-mail: anna0733@mymail.com							
5. Your Date of Birth 09/16/1965	6. Your Job Title Editor	Are you: 7. Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. Totally and Permanently Disabled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Spouse's Date of Birth	10. Spouse's Job Title	Is 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							
<b>Part II. Marital Status and Household Information</b>							
1. As of December 31, 2011, were you?							
<input type="checkbox"/> Single							
<input type="checkbox"/> Married: Did you live with your spouse during any part of the last six months of 2011? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Divorced or Legally Separated: Date of final decree or separate maintenance agreement: 02/18/2008							
<input type="checkbox"/> Widowed: Year of spouse's death: _____							
2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here <input type="checkbox"/> and list on page 3.							
Name (first, last) Do not enter your name or spouse's name below.	Date of Birth (mm/dd/yy)	Relationship to you (e.g. daughter, son, mother, sister, none)	Number of months lived in your home in 2011	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no)	Marital Status as of 12/31/11 (S/M)	Full-time student in 2011 (yes/no)	Received less than \$3700 income in 2011 (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
James Fleming	12-25-05	Son	12	Yes	S	Yes	Yes
Grete Fleming	10-16-04	Daughter	12	Yes	S	Yes	Yes
<ul style="list-style-type: none"> <li>Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.</li> <li>To report unethical behavior to IRS, email us at <a href="mailto:wi.voltax@irs.gov">wi.voltax@irs.gov</a> or call toll free 1-877-330-1205.</li> </ul>							
<b>To check the status of your REFUND visit "Where's My Refund?" on <a href="http://www.irs.gov">www.irs.gov</a> or call 1-800-829-1954 for assistance.</b>							
Catalog Number 52121E				Form <b>13614-C</b> (Rev. 10-2011)			
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# PRO-P3 Fleming Scenario

**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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2)
<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: _____ (Forms W-2 G, 1099-MISC)

## Part IV. Expenses – In 2011 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Educational expenses paid 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 teacher supplies, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Child/dependent care expenses, such as day-care?

## Part V. Life Events – In 2011 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-A, 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? (Form 1099-C)
<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 2011 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 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

**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. 10-2011)

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# PRO-P3 Fleming Scenario

Section B. For Certified Volunteer Preparer Completion	Section C. For Certified Quality Reviewer Completion
<p><b>Remember:</b> You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 &amp; 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".</p> <p><b>Must be completed by Certified Volunteer only if persons are listed in Part II Question 2</b></p> <p><b>Check if persons are listed in Part II Question 2</b> <input type="checkbox"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? <b>If yes, which ones:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? <b>If yes, which ones:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? <b>If yes, which ones:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 4. Did the taxpayer provide more than half the support for any of the persons in Part II, Question 2? <b>If yes, which ones:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? <b>If yes, which ones:</b></p> <p>_____</p> <p>_____</p> <p><b>Reminders</b></p> <p>Use Publication 4012, <i>Volunteer Resource Guide</i> and Publication 17, <i>Your Federal Income Tax</i> in making tax law determinations.</p>	<p><b>Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.</b></p> <p>1. Sections A &amp; B of this form are complete.</p> <p>2. Taxpayer's identity, address and phone numbers were verified.</p> <p>3. Names, SSNs, ITINs or EINs, and dates of birth of taxpayer, spouse and dependents match the supporting documents.</p> <p>4. Filing Status is correctly determined.</p> <p>5. Personal and Dependency Exemptions are entered correctly on the return.</p> <p>6. All information shown on source documents and noted in Section A, Part III is included on the tax return.</p> <p>7. Any Adjustments to Income are correctly reported.</p> <p>8. Standard, Additional or Itemized Deductions are correct.</p> <p>9. All credits are correctly reported.</p> <p>10. Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.</p> <p><input type="checkbox"/> All tax law issues above have been addressed and necessary changes have been made.</p> <p><input type="checkbox"/> If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.</p> <p><input type="checkbox"/> Correct SIDN and EFIN are shown on the return.</p>
<p><b>Additional Tax Preparer Notes:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Catalog Number 52121E</p>	<p style="text-align: right;">Form <b>13614-C</b> (Rev. 10-2011)</p> <p style="text-align: right;">4</p>

## PRO-P3 Fleming Scenario




## PRO-P3 Fleming Scenario

### Interview Notes - Fleming

1. Anna was employed as an editor. Starting on July 1, 2008, she also did some editing work from her home, for Wright Publishing Co., who provided Form 1099-MISC. She kept a record of her expenses: \$2,025 for paper, \$1,047.50 for printer cartridges, \$800 for postage, \$350 for a business phone line and long distance calls, and 234 miles in January and February for making deliveries. She had 10,000 other miles on her car. Anna has one car which she bought in 2007 and began using for her work when she started working at home. She has a written record of her business mileage. She took a word processing course in the evening at the local college to improve her skills. The tuition was \$575. The Business Code for Schedule C-EZ or C is 541990.
2. Anna is divorced. The divorce decree states that her ex-husband is to claim their son, James, as a dependent on his return even though Anna provides all the support for their children, Grete and James. It also states that he is to pay her \$300 per month alimony. Due to the loss of his job during the year, he only paid for 8 months.
3. Global Investment Service notified Anna that she received \$418.13 in federal- and state-exempt interest income.
4. In January, 2011, Anna took an IRA distribution of \$5,000 to pay off credit card debt. She has no records of her contributions or IRA balances.
5. Anna's contribution to the Gubernatorial Election Campaign Fund will be handled the same way as her contribution to the Presidential Election Campaign Fund.
6. Anna did not itemize deductions last year.
7. She would like her NJ refund/amount due handled the same as her federal return.
8. As you are going over Form 13614-C with Anna, she tells you she made a mistake when she wrote her address on the form. Her correct address is 356 Wilkes Drive.
9. Anna paid the Salem Day Care Center (EIN 23-7XXXXXX), located at 87 North Casper Drive, Jersey City, NJ 07302, for Grete's and James's care while she was at work. She paid the day-care center \$1,793 (\$890 for Grete + \$903 for James).
10. Anna had a serious accident in June, 2011, and stopped working. She collected unemployment compensation but was too young to retire. Anna is now totally and permanently disabled.
11. Anna's education expenditures could be a business expense, or a credit. Determine the most advantageous benefit for which she is qualified.
12. Anna rented an apartment in Jersey City (Hudson County). She paid \$1,000 per month in rent for 12 months.
13. Anna did not make any out of state purchases for which she would owe Use Tax.
14. All children are covered by health insurance.

# PRO-P3 Fleming Scenario

<b>a</b> Employee's social security number 241-XX-XXXX		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>			
<b>b</b> Employer identification number (EIN) 23-5XXXXXX		<b>1</b> Wages, tips, other compensation \$14,598.00		<b>2</b> Federal income tax withheld \$1,001.65		12a See instructions for box 12 12b 12c 12d					
<b>c</b> Employer's name, address, and ZIP code Oakwood World-Herald 1334 Dana Street Dayton, OH 45402		<b>3</b> Social security wages \$14,598.00		<b>4</b> Social security tax withheld \$613.12							
		<b>5</b> Medicare wages and tips \$14,598.00		<b>6</b> Medicare tax withheld \$211.67							
		<b>7</b> Social security tips		<b>8</b> Allocated tips							
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits							
<b>e</b> Employee's first name and initial Last name Anna E. Fleming 356 Wilkes Drive Jersey City, NJ 07302		Suff. <b>11</b> Nonqualified plans		12a See instructions for box 12 12b 12c 12d							
		<b>13</b> Statutory employee Retirement plan Thru-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
		<b>14</b> Other UnEmp 55.84 WF/SWF 6.20 Disab 72.99 Family 8.76									
<b>f</b> Employee's address and ZIP code											
<b>15</b> State NJ	Employer's state ID number 23-5XXXXXX	<b>16</b> State wages, tips, etc. \$14,598.00	<b>17</b> State income tax \$574.50	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name					

**Form W-2 Wage and Tax Statement**

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

2011

Department of the Treasury—Internal Revenue Service

# PRO-P3 Fleming Scenario

<input type="checkbox"/> <b>Employee's social security number</b> 241-XX-XXXX		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>							
<b>b</b> Employer identification number (EIN) 23-6XXXXXX				<b>1</b> Wages, tips, other compensation \$2,532.00		<b>2</b> Federal income tax withheld \$328.00									
<b>c</b> Employer's name, address, and ZIP code Butler, Inc. 1908 N. Bend Dayton, OH 45404				<b>3</b> Social security wages \$2,532.00		<b>4</b> Social security tax withheld \$106.34									
				<b>5</b> Medicare wages and tips \$2,532.00		<b>6</b> Medicare tax withheld \$36.71									
				<b>7</b> Social security tips		<b>8</b> Allocated tips									
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits									
<b>e</b> Employee's first name and initial      Last name      Suff. Anna E. Fleming 356 Wilkes Drive Jersey City, NJ 07302				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12									
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>									
				<b>14</b> Other		<b>12c</b>									
						<b>12d</b>									
<b>f</b> Employee's address and ZIP code				<b>15</b> State      Employer's state ID number NJ      23-6XXXXXX		<b>16</b> State wages, tips, etc. \$2,532.00		<b>17</b> State income tax \$201.00		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax 10.76		<b>20</b> Locality name UI/WF/SWF	
				DI PP# 9786654						77.66		DI			
								1.52		FLI					

**Form W-2 Wage and Tax Statement      2011**

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.

**CORRECTED (if checked)**

PAYER'S name, street address, city, state, ZIP code, and telephone no. Parks National Bank 102 Overbrook Road Dayton, OH 45402		Payer's RTN (optional)		OMB No. 1545-0112		<b>2011 Interest Income</b>	
PAYER'S federal identification number 23-7XXXXXX		RECIPIENT'S identification number 241-XX-XXXX		<b>1</b> Interest income \$ 416.87			
				<b>2</b> Early withdrawal penalty \$			
RECIPIENT'S name Anna E. Fleming		<b>3</b> Interest on U.S. Savings Bonds and Treas. obligations \$		<b>4</b> Federal income tax withheld \$ 38.56		<b>5</b> Investment expenses \$	
Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302		<b>6</b> Foreign tax paid \$		<b>7</b> Foreign country or U.S. possession		<b>Copy B For Recipient</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.	
Account number (see instructions)		<b>8</b> Tax-exempt interest \$		<b>9</b> Specified private activity bond interest \$			
		<b>10</b> Tax-exempt bond CUSIP no. (see instructions)					

**Form 1099-INT      (keep for your records)**

Department of the Treasury - Internal Revenue Service



## PRO-P3 Fleming 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		<b>1</b> Gross distribution \$ 5,000.00 <b>2a</b> Taxable amount \$ 5,000.00	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div> Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</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.
PAYER'S federal identification number 23-8XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	<b>3</b> Capital gain (included in box 2a) \$	
RECIPIENT'S name Anna E. Fleming  Street address (including apt. no.) 356 Wilkes Drive  City, state, and ZIP code Jersey City, NJ 07302		<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$	<b>4</b> Federal income tax withheld \$ 750.00	
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	<b>7</b> Distribution code(s) 1	<b>6</b> Net unrealized appreciation in employer's securities \$	
Account number (see instructions) 12349876	<b>12</b> State tax withheld \$	<b>8</b> Other \$ %	<b>9a</b> Your percentage of total distribution % \$	
<b>15</b> Local tax withheld \$	<b>13</b> State/Payer's state no. \$	<b>9b</b> Total employee contributions \$	<b>14</b> State distribution \$	
<b>16</b> Name of locality \$	<b>17</b> Local distribution \$			

Form **1099-R** Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, street address, city, state, and ZIP code Tri-State Publishers P.O. Box 707 Cincinnati, OH 45202		<b>1</b> Gross distribution \$ 5,400.00 <b>2a</b> Taxable amount \$ 5,400.00	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div> Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</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.
PAYER'S federal identification number 23-9XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	<b>3</b> Capital gain (included in box 2a) \$	
RECIPIENT'S name Anna E. Fleming  Street address (including apt. no.) 356 Wilkes Drive  City, state, and ZIP code Jersey City, NJ 07302		<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$	<b>4</b> Federal income tax withheld \$	
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	<b>7</b> Distribution code(s) 3	<b>6</b> Net unrealized appreciation in employer's securities \$	
Account number (see instructions)	<b>12</b> State tax withheld \$	<b>8</b> Other \$ %	<b>9a</b> Your percentage of total distribution % \$	
<b>15</b> Local tax withheld \$	<b>13</b> State/Payer's state no. \$	<b>9b</b> Total employee contributions \$	<b>14</b> State distribution \$	
<b>16</b> Name of locality \$	<b>17</b> Local distribution \$			

Form **1099-R** Department of the Treasury - Internal Revenue Service

# PRO-P3 Fleming Scenario

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>Wright Publishing</b> P.O. Box 1765 Dayton, OH 45404		1 Rents	OMB No. 1545-0115		<b>Miscellaneous Income</b>
		\$	2011		
		2 Royalties	Form 1099-MISC		
PAYER'S federal identification number 24-0XXXXXX		RECIPIENT'S identification number 241-XX-XXXX		<b>Copy B For Recipient</b>	
		3 Other income	4 Federal income tax withheld		
RECIPIENT'S name <b>Anna E. Fleming</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.	
		5 Fishing boat proceeds	6 Medical and health care payments		
Street address (including apt. no.) <b>356 Wilkes Drive</b>		\$	\$		
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
City, state, and ZIP code <b>Jersey City, NJ 07302</b>		\$ <b>\$12,176</b>	\$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
Account number (see instructions)		11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 409A deferrals	15b Section 409A income	\$	\$		
\$	\$	16 State tax withheld	17 State/Payer's state no.		18 State income
\$	\$	\$	\$	\$	

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

<input type="checkbox"/> CORRECTED (if checked)								
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>New Jersey Department of Labor</b> 22 South Clinton Avenue Trenton, NJ 08609-1212		1 Unemployment compensation	OMB No. 1545-0120		<b>Certain Government Payments</b>			
		\$ 1345.00	2011					
		2 State or local income tax refunds, credits, or offsets	Form 1099-G					
PAYER'S federal identification number 22-2481818		RECIPIENT'S identification number 241-XX-XXXX		<b>Copy B For Recipient</b>				
RECIPIENT'S name <b>Anne E. Fleming</b>		3 Box 2 amount is for tax year	4 Federal income tax withheld					
		\$	\$ 135.00	5 ATAA/RTAA payments	6 Taxable grants	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.		
Street address (including apt. no.) <b>356 Wilkes Drive</b>		\$	\$					
		7 Agriculture payments	8 If checked, box 2 is trade or business income <input type="checkbox"/>					
City, state, and ZIP code <b>Jersey City, NJ 07302</b>		\$	\$					
		9 Market gain						
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld				
		\$	\$	\$				

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