

FAM-02 Conway Scenario

Form 13614-C (Rev. 10-2011)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964
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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

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. Spouse's First Name Carol	M. I. M	Last Name Conway	Is 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
4. Contact Information Phone: 201-999-9999		Cell Phone:	E-mail: conway910@mymail.net
5. Your Date of Birth 03/15/1981	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. Spouse's Date of Birth 02/28/1983	10. Spouse's Job Title Teacher	Is 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, 2011, were you?

Single

Married: Did you live with your spouse during any part of the last six months of 2011? 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 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 and list on page 3.

Name (first, last) <small>Do not enter your name or spouse's name below.</small>	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)

- **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.

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

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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 2011, did you (or your spouse) receive:

Yes No Unsure

1. Wages or Salary? (Form W-2)
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 payments (such as cash received for services, small business)? (Form 1099-MISC)
8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
11. Unemployment Compensation? (Form 1099-G)
12. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
13. Income (or loss) from Rental Property?
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

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 paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
4. Unreimbursed employee business expenses (such as teacher supplies, 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/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes No Unsure

1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 with code W in Box 12)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C)
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 2011 tax? If so how much? _____
10. Attend school as a full time student? (Form 1098-T)
11. Adopt a child?
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)

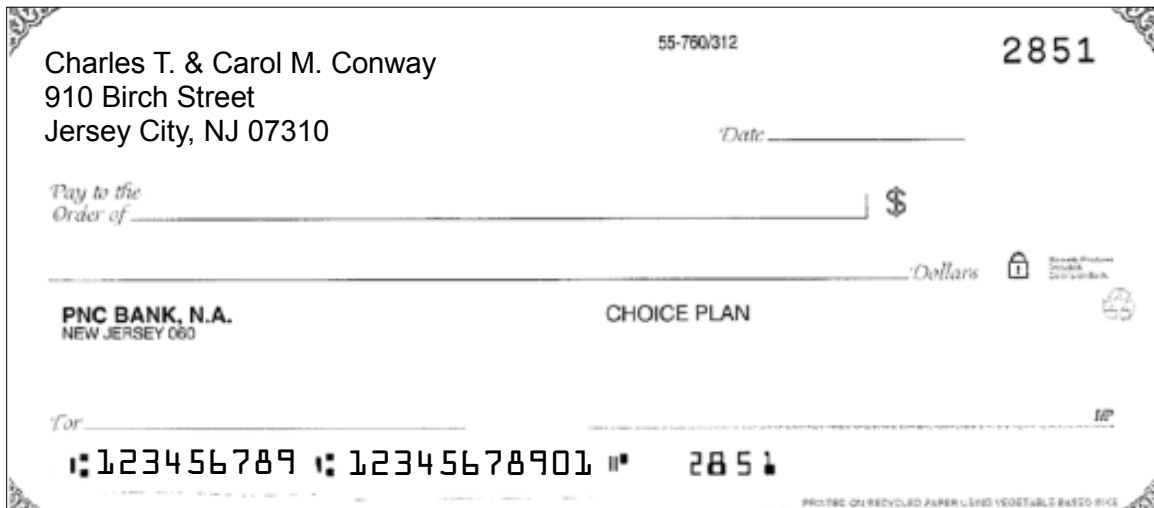
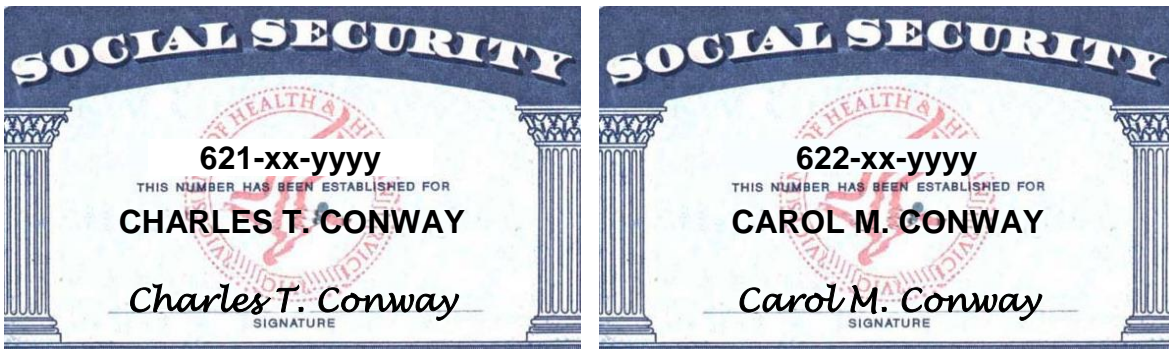
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Interview Notes:

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 148.00 NJSUI 125.80 NJFLI 17.76		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state ID number NJ 62-9xxyyyy		16 State wages, tips, etc. 33,867.00		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 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.

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 3,350.00			
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 100.88 NJSUI 85.75 NJFLI 12.11		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	

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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 2011	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$	Form 1099-G	
PAYER'S federal identification number 22-2481818	RECIPIENT'S identification number 621-xx-yyyy	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 \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		9 Market gain \$		
Account number (see instructions)		10a State NJ	10b State identification no.	11 State income tax withheld \$
Form 1099-G		(keep for your records)		Department of the Treasury - Internal Revenue Service