

# FAM-04 Patterson 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
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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 Fred	M. I. P	Last Name Patterson	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 3717 Baxter St.	Apt#	City Denville	State NJ      Zip Code 07834
4. Contact Information Phone: 973-222-1212      Cell Phone: 862-555-0004      E-mail:			
5. Your Date of Birth 09/11/1944	6. Your Job Title Retired	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	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			

**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](mailto: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](http://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)

2

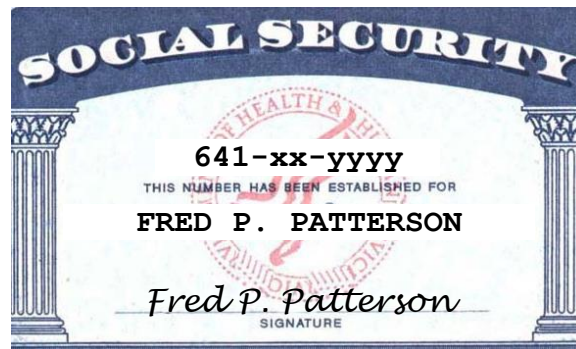


## FAM-04 Patterson Scenario

### Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for Fred is Single.
2. Fred does not have last year's return for you to look at, but is sure that he did not itemize deductions last year.
3. Fred's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
4. Fred owns his home in Denville and paid \$9,578.00 in property tax.
5. Fred does not have a mortgage on his home.
6. Fred did not receive any property tax rebates in 2011.
7. Fred had no foreign financial interests or involvement.
8. By consulting your preparer resources you determine that Denville is located in Morris County – NJ Code 1408
9. Fred had no out-of-state purchases on which he did not pay Use tax.

### Documents:



# FAM-04 Patterson Scenario

<b>a</b> Employee's social security number <b>641-xx-yyyy</b>		OMB No. 1545-0008		Safe, accurate, <b>FAST!</b> Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) <b>64-9xxxxxx</b>		<b>1</b> Wages, tips, other compensation <b>14,678.00</b>		<b>2</b> Federal income tax withheld <b>1,468.00</b>			
<b>c</b> Employer's name, address, and ZIP code <b>Franciscan Oaks 19 Pocono Road Denville, NJ 07834</b>		<b>3</b> Social security wages <b>14,678.00</b>		<b>4</b> Social security tax withheld <b>616.48</b>			
		<b>5</b> Medicare wages and tips <b>14,678.00</b>		<b>6</b> Medicare tax withheld <b>212.83</b>			
		<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. <b>Fred P. Patterson 3717 Baxter St. Denville, NJ 07834</b>		<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>NJSDI 73.39 NJSUI 62.38 NJFLI 8.81</b>		<b>12c</b>			
				<b>12d</b>			
<b>f</b> Employee's address and ZIP code							
<b>15</b> State <b>NJ</b>	Employer's state ID number <b>64-9xxxxxx</b>	<b>16</b> State wages, tips, etc. <b>14,678.00</b>	<b>17</b> State income tax <b>55.00</b>	<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 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.

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>National City Bank 15 Main Street Denville, NJ 07834</b>		Payer's RTN (optional)		<b>2011</b> Interest Income  Form <b>1099-INT</b>			
		<b>1</b> Interest income <b>\$ 1,951.57</b>					
PAYER'S federal identification number <b>64-8xxxxxx</b>		RECIPIENT'S identification number <b>641-xx-yyyy</b>		<b>Copy B For Recipient</b> <small>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.</small>			
RECIPIENT'S name <b>Fred P. Patterson</b>  Street address (including apt. no.) <b>3717 Baxter St.</b>  City, state, and ZIP code <b>Denville, NJ 07834</b>		<b>3</b> Interest on U.S. Savings Bonds and Treas. obligations <b>\$</b>				<b>5</b> Investment expenses <b>\$</b>	
		<b>4</b> Federal income tax withheld <b>\$</b>				<b>6</b> Foreign tax paid <b>\$</b>	
Account number (see instructions)		<b>7</b> Foreign country or U.S. possession <b>\$</b>				<b>9</b> Specified private activity bond interest <b>\$</b>	
		<b>8</b> Tax-exempt interest <b>\$</b>				<b>10</b> Tax-exempt bond CUSIP no. (see instructions)	

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

## FAM-04 Patterson Scenario

### FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

<b style="font-size: 1.2em;">2011</b> <ul style="list-style-type: none"> <li>• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.</li> <li>• SEE THE REVERSE FOR MORE INFORMATION.</li> </ul>																								
Box 1. Name <b style="font-size: 1.1em;">Fred P. Patterson</b>	Box 2. Beneficiary's Social Security Number <b style="font-size: 1.1em;">641-xx-yyyy</b>																							
Box 3. Benefits Paid in 2010 <b style="font-size: 1.1em;">12,682.00</b>	Box 4. Benefits Repaid to SSA in 2010 <b style="font-size: 1.1em;">NONE</b>	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) <b style="font-size: 1.1em;">12,682.00</b>																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 3</th> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px 5px;">10,257.20</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Part B premiums deducted from your benefit</td> <td style="text-align: right; padding: 2px 5px;">1,156.80</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td></td> </tr> <tr> <td style="padding: 2px 5px;">Voluntary federal income tax withheld</td> <td style="text-align: right; padding: 2px 5px;">1,268.00</td> </tr> <tr> <td style="padding: 2px 5px;">Total Additions</td> <td style="text-align: right; padding: 2px 5px;">12,682.00</td> </tr> <tr> <td style="padding: 2px 5px;">Benefits for 2011</td> <td style="text-align: right; padding: 2px 5px;">12,682.00</td> </tr> </table> </td> <td style="padding: 5px; vertical-align: top;"> <p style="text-align: center; font-size: 1.2em; margin: 0;"><b>NONE</b></p> </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">                 Box 6. Voluntary Federal Income Tax Withheld  <p style="text-align: center; font-size: 1.1em; margin: 0;"><b>1,268.00</b></p> </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">                 Box 7. Address  <p style="margin: 0;"><b>Fred P. Patterson</b>  <b>3717 Baxter St.</b>  <b>Denville, NJ 07834</b></p> </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">                 Box 8. Claim Number (Use this number if you need to contact SSA.)             </td> </tr> </tbody> </table>			DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px 5px;">10,257.20</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Part B premiums deducted from your benefit</td> <td style="text-align: right; padding: 2px 5px;">1,156.80</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td></td> </tr> <tr> <td style="padding: 2px 5px;">Voluntary federal income tax withheld</td> <td style="text-align: right; padding: 2px 5px;">1,268.00</td> </tr> <tr> <td style="padding: 2px 5px;">Total Additions</td> <td style="text-align: right; padding: 2px 5px;">12,682.00</td> </tr> <tr> <td style="padding: 2px 5px;">Benefits for 2011</td> <td style="text-align: right; padding: 2px 5px;">12,682.00</td> </tr> </table>	Paid by check or direct deposit	10,257.20	Medicare Part B premiums deducted from your benefit	1,156.80	Medicare Prescription Drug premiums (part D) deducted from your Benefits		Voluntary federal income tax withheld	1,268.00	Total Additions	12,682.00	Benefits for 2011	12,682.00	<p style="text-align: center; font-size: 1.2em; margin: 0;"><b>NONE</b></p>		Box 6. Voluntary Federal Income Tax Withheld <p style="text-align: center; font-size: 1.1em; margin: 0;"><b>1,268.00</b></p>		Box 7. Address <p style="margin: 0;"><b>Fred P. Patterson</b>  <b>3717 Baxter St.</b>  <b>Denville, NJ 07834</b></p>		Box 8. Claim Number (Use this number if you need to contact SSA.)
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Form SSA-1099-SM (1-2011)

**DO NOT RETURN THIS FORM TO SSA OR IRS**