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

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).

				30101			,·			
Part I. Your Personal Inform	nation									
Your First Name		M. I.	Last	Name					ou a U.S. 0	Ditizen?
Helen		Е	Rose	emont				X Ye	es 🗌 No	
Spouse's First Name		M. I.	Last	Name				Is spo	ouse a U.S	. Citizen?
								Ye	es 🗌 No	
Mailing Address		Apt#		City			State		Code	
22 River Road				Medford	l		NJ	08	055	
4. Contact Information Phone: 609-555-7890	Cell Phor	ne:			E-mail:					
5. Your Date of Birth	6. Your J	ob Title	Э		Are you:	7. Lega	lly Bli	nd	Yes	s ⊠ No
09/16/1967	Hair Stylis	st			8. Totally	and Perman	ently	Disabl	ed 🗌 Yes	× No
9. Spouse's Date of Birth	10. Spous	e's Job	Title		Is Spouse:	11. Lega	lly Blir	nd	Yes	s 🗌 No
					12. Totally	and Perman	ently	Disabl	ed 🗌 Yes	No 🗌 No
13. Can anyone claim you or yo	our spouse	on thei	r tax re	turn?	Yes X	No 🗌 Unsu	re			
Part II. Marital Status and	l Househ	old Ir	ıform	ation						
1. As of December 31, 2011, v	vere you?									
Single										
✓ Married: Did you live wit	h your spou	ıse dur	ing an	y part of	the last six	months of 20	11?	Ye	s X No	
☐ Divorced or Legally Sep	arated: Dat	e of fin	al deci	ree or se	parate main	ntenance agr	eeme	nt:		
Widowed: Year of spous						•		-		
List names below of everyor lived outside of your home the list on page 3.										
Name (first, last) Do not enter your name or spouse's name below. (a)	Date of (mm/do	i/yy)	(e.g. da son, n sister,	ship to you aughter, nother, none)	Number of months lived in your home in 2011	US Citizen o resident of th US, Canada o Mexico in 201 (yes/no)	e : or 1 1:	Marital Status as of 2/31/11 (S/M)	Full- time student in 2011 (yes/no)	Received less than \$3700 income in 2011 (yes/no) (h)
(9)	(6)			~/	(4)	(0)		(1)	(9)	(11)
 Volunteers assisting wi 	th prepari	ng yo	ur ret	urn are	trained to	provide hi	gh q	uality	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 www.irs.gov or call 1-800-829-1954 for assistance.

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Sectio	n A. Pleas	e complete – check Yes, No or Unsure to all questions below. Please ask if you need help.
Part	III. Incom	e – In 2011, did you (or your spouse) receive:
	o Unsure	
×	= =	Wages or Salary? (Form W-2)
×		Tip Income?
		Scholarships? (Forms W-2, 1098-T)
<u> </u>	K 4.	Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT,
	a –	1099-DIV)
		Refund of state/local income taxes? (Form 1099-G)
		Alimony Income?
		Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
	<u> </u>	Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
\	k	Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
		Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
×		Unemployment Compensation? (Form 1099-G)
<u> </u>		Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
		Income (or loss) from Rental Property?
>		Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify:
		(Forms W-2 G, 1099-MISC)
Part	IV. Exper	nses – In 2011 Did you (or your spouse) pay:
	o Unsure	7 (7 1 71 7
		Alimony: If yes, do you have the recipient's SSN? Yes No
		Contributions to a retirement account?
		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)?
>	K 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)
<u> </u>		Charitable contributions?
<u> </u>	K 9.	Child/dependent care expenses, such as day-care?
Part '	۷. Life E۱	vents – In 2011 Did you (or your spouse):
Yes N	o Unsure	
>	1 .	Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 with code W in Box 12)
>	C 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?
>	S 5.	Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
		Live in an area that was affected by a natural disaster? If yes, where?
		Receive the First Time Homebuyers Credit in 2008?
		Pay any student loan interest? (Form 1098-E)
<u> </u>	∠ _ 9.	Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much?
	Z	Attend school as a full time student? (Form 1098-T)
		Attend school as a full time student? (Form 1098-T) Adopt a child?
		File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?
		<u>ction Campaign Fund:</u> (If you check a box, your tax or refund will not change.) , or your spouse if filing jointly, want \$3 to go to this fund □ You □ Spouse
	g Number	100110
		2

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 be used by this site to apply for these grants. Your answers will be used only for statistical process.		s may
Other than English what language is spoken in the home? None		
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. A means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as 		
 Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refundance a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiplearn interest for up to 30 years. 		
If you are due a refund, would you like a direct deposit?	Yes	X 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 re	eturn.	
Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers to by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fair		rvice

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.

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Interview Notes:

- 1. Helen would like to file as Single, but by consulting your preparer resources you determine that the only correct filing status for Helen is Married Filing Separately
- 2. Helen has not lived with her husband for several years.
- 3. Helen does not have her prior year return, but tells you that she did not itemize deductions last year.
- 4. Helen's husband's name is Peter Rosemont. His SSN is 682-xx-yyyy.
- 5. Peter did not itemize last year nor will he be itemizing this year.
- 6. Helen rents a home and pays \$875.00/month rent.
- 7. Helen's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaigh fund.
- 8. By consulting your preparer resources you determine that Medford is located in Burlington County NJ Code 0320
- 9. Helen had no out-of-state purchases on which she did not pay Use tax.

Documents:



	e's social security number	OMB No. 1545		Safe, acc FAST! Us	urate, e	≁ file	Visit the	e IRS website at s.gov/efile
b Employer identification number (EIN) 68-9xxyyyy				ges, tips, ot 26,48	her compensation 32.00		eral income t 3,972.	tax withheld .00
c Employer's name, address, and ZIP code				cial securit			al security to	
Hair Do Salon				<u> 23,83</u>			<u>1,112.</u>	
90 Main Street					jes and tips		icare tax wit	
Medford, NJ 08055				26,48			383.99	,
				2,648	, ,	8 Alloc	ated tips	
d Control number			9			10 Dep	endent care	benefits
e Employee's first name and initial Last name	ne	Suff.	11 No	nqualified	plans	12a See	instructions	s for box 12
Helen E. Rosemont			13 Statu	utory Re lovee pla	tirement Third-party n sick pay	12b		
22 River Road				loycc pia]	C		
Medford, NJ 08055			14 Oth	er	400 44	12c		
				JSDI	132.41	o d e		
				JSUI	112.55	12d	1	
			N.	JFLI	15.89	o d e		
f Employee's address and ZIP code	T							
NJ 68-9xxyyyy/000	16 State wages, tips, etc. 26,482.00	17 State incom 529.8		18 Local	wages, tips, etc.	19 Local in	come tax	20 Locality name
W-2 Wage and Tax Statement		2011	ı		Department of	of the Treasu	ry—Internal	Revenue Service
Copy B—To Be Filed With Employee's FE This information is being furnished to the Info								

200		checked)	CTED (if	☐ CORRE		
OMB No. 1545-0120	OMB I	nent compensation	1 Unemployr	PAYER'S name, street address, city, state, ZIP code, and telephone no.		
- 20 11 Go		ocal income tax	2 State or le		New Jersey Depar PO Box 908 Trenton, NJ 08625	
Form 1099-G	Form		\$			
4 Federal income tax withheld		unt is for tax year	3 Box 2 amo	RECIPIENT'S identification number	AYER'S federal identification number	
\$ 315.60	\$			681-XX-yyyy	22-2481818	
6 Taxable grants			ont	ECIPIENT'S name Helen E. Rosemo		
8 If checked, box 2 is		e payments	7 Agricultur		treet address (including apt. no.)	
trade or business income	4.7 (0.0		\$		22 River Road	
		in	9 Market ga		ity, state, and ZIP code	
2			\$	55	Medford, NJ 0805	
tion no. 11 State income tax withheld	ation no.	10b State identific	10a State NJ		ccount number (see instructions)	
neld	n 1099-G ral income tax withheld 315.60 able grants ecked, box 2 is e or business me	Form 1099-G 4 Federal Income tax withheld \$ 315.60 6 Taxable grants \$ 8 If checked, box 2 is trade or business income	OMB No. 1545-0120 156.00 Coal income tax predits, or offsets Form 1099-G 4 Federal income tax withheld 315.60 A payments 6 Taxable grants 8 If checked, box 2 is trade or business income	S 3,156.00 2 State or local income tax refunds, credits, or offsets \$ Form 1099-G 3 Box 2 amount is for tax year 4 Federal income tax withheld \$ 315.60 5 ATAA/RTAA payments 6 Taxable grants \$ \$ 7 Agriculture payments \$ If checked, box 2 is trade or business income 9 Market gain \$ 10a State 10b State identification no. 11 State income tax withh	Salignment of Labor \$ 3,156.00 2 State or local income tax refunds, credits, or offsets \$ Form 1099-G RECIPIENT'S identification number 681-xx-yyyy 5 ATAA/RTAA payments 6 Taxable grants 7 Agriculture payments 8 If checked, box 2 is trade or business income 9 Market gain 9 Market gain 10a State 10b State identification no. 11 State Income tax withh	