

# PRO-P1 Moore 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 Hilda	M. I. M	Last Name Moore	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 2621 Tudor Ave.	Apt#	City Livingston	State NJ      Zip Code 07039				
4. Contact Information Phone: 352-111-1111      Cell Phone:      E-mail:							
5. Your Date of Birth 12/29/1960	6. Your Job Title Nurse	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							
<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 type="checkbox"/> Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____							
<input checked="" type="checkbox"/> Widowed: Year of spouse's death: <u>2009</u>							
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)
Ronald Moore	05-15-88	Son	12	Yes	S	Yes	Yes
Edna Moore	09-28-93	Daughter	12	Yes	S	Yes	Yes
Deloris Moore	05-21-95	Daughter	12	Yes	S	Yes	Yes
<ul style="list-style-type: none"> <li>• <b>Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.</b></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)			
1							

# PRO-P1 Moore 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: <u>Gambling \$1,500</u> (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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)

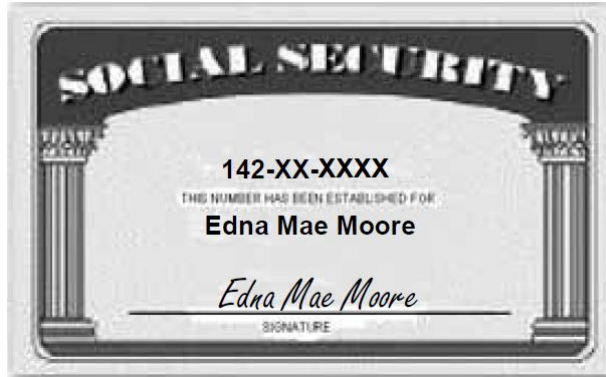
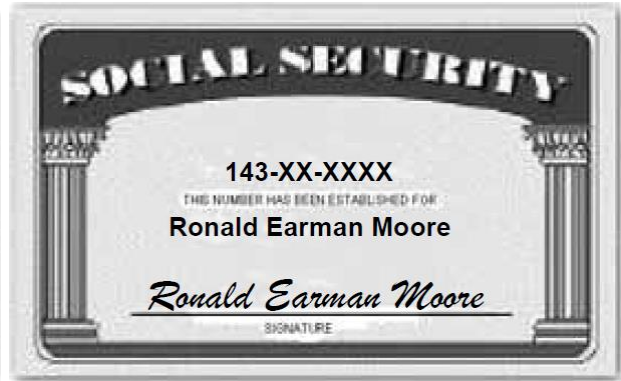
2



# PRO-P1 Moore 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-P1 Moore Scenario





## PRO-P1 Moore Scenario

### Interview Notes - Moore

1. Hilda's husband, Sam, died on April 3rd 2009. He was a federal employee at the time of his death, and Hilda was able to start drawing his joint/survivor annuity in January, 2010. (The NJ three year rule was not used on her 2010 NJ return.)
2. Hilda paid all household expenses and all support for her three children. No other person can claim any of the children as a dependent on their return.
3. Hilda was unemployed for a few months last year.
4. She is repaying a student loan and received a statement from the lending institution showing that she had paid \$385.67 in interest last year.
5. Hilda received \$450 in federal and NJ tax-exempt interest from York Municipal Bonds. (Note: "York" is the name of the company, not the name of a place.)
6. Hilda had gambling losses of \$2,000.
7. Ronald is a full-time student at the University of Columbus. He started his third year last August. Ronald's grandmother made the payments for his tuition and fees directly to the university. (To be safe, you confirm that the amounts on the 1098-T from the University agree with the payments actually made: \$16,900 in actual payments offset by \$10,000 scholarship.)
8. Hilda wants to handle the Gubernatorial Election Campaign Fund the same way as the Presidential Election Campaign Fund.
9. Hilda did not itemize deductions last year.
10. Ronald is no longer covered by Hilda's Health Insurance policy and neither Hilda nor anyone else can afford to purchase separate insurance for him.
11. Hilda was a tenant in Livingston (Essex County) all year. Her rent was \$800 per month.
12. Hilda did not make any out of state purchases on which she would owe Use Tax.
13. Hilda would like any NJ refund or amount due to be handled the same way as for her federal return.

# PRO-P1 Moore Scenario

<b>a</b> Employee's social security number <span style="border: 1px solid black; padding: 2px;">141-XX-XXXX</span>		OMB No. 1545-0008 Safe, accurate, FAST! 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) 10-5XXXXXX		<b>1</b> Wages, tips, other compensation \$35,965.04		<b>2</b> Federal income tax withheld \$3,981.65	
<b>c</b> Employer's name, address, and ZIP code HAWTHORN GENERAL HOSPITAL 1525 Vaughn Rd. Gainesville, FL 32603		<b>3</b> Social security wages \$37,622.04		<b>4</b> Social security tax withheld \$1,580.13	
		<b>5</b> Medicare wages and tips \$37,622.04		<b>6</b> Medicare tax withheld \$542.52	
		<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. HILDA MAE MOORE 2621 Tudor Avenue Livingston, NJ 07039		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D \$1,657.00	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
		<b>14</b> Other UI 125.80 DI 148.00 FLI 17.76		<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 59-882456		<b>16</b> State wages, tips, etc. \$35,965.04	
		<b>17</b> State income tax \$725.00		<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)		OMB No. 1545-0112 <b>2011</b> Interest Income Form 1099-INT	
<b>PAYER'S</b> name, street address, city, state, ZIP code, and telephone no. A.BEAN BANK & TRUST 704 NE State St. Gainesville, FL 32602		<b>Payer's RTN (optional)</b> 1 Interest income \$ 289.35 2 Early withdrawal penalty \$	
<b>PAYER'S</b> federal identification number 10-6XXXXXX	<b>RECIPIENT'S</b> identification number 141-XX-XXXX	<b>3</b> Interest on U.S. Savings Bonds and Treas. obligations \$	
<b>RECIPIENT'S</b> name HILDA MOORE  Street address (including apt. no.) 2621 Tudor Ave City, state, and ZIP code Livingston, NJ 07039		<b>4</b> Federal income tax withheld \$	<b>5</b> Investment expenses \$
Account number (see instructions)		<b>6</b> Foreign tax paid \$	<b>7</b> Foreign country or U.S. possession
		<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

**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.

# PRO-P1 Moore Scenario

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0238 <b>2011</b> <b>Form W-2G</b> <b>Certain Gambling Winnings</b>
PAYER'S name, address, ZIP code, federal identification number, and telephone number  <b>HESSER CASINO</b> 233 Catawba Highway Reno, NV 89510  Payer ID 10-7XXXXXX      775-555-XXXX	1 Gross winnings <b>\$ 1,500.00</b>  3 Type of wager <b>SLOTS</b>  5 Transaction  7 Winnings from identical wagers	2 Federal income tax withheld <b>\$</b>  4 Date won <b>06/25/2011</b>  6 Race  8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code  <b>HILDA M. MOORE</b> 2621 Tudor Ave. Livingston, NJ 07039	9 Winner's taxpayer identification no. <b>141-XX-XXXX</b>  11 First I.D.  13 State/Payer's state identification no.	10 Window  12 Second I.D.  14 State income tax withheld <b>\$</b>
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		This information is being furnished to the Internal Revenue Service.  <b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.
Signature ► <i>Hilda M. Moore</i>		Date ► 06/25/2011
Form <b>W-2G</b>		Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED		OMB No. 1545-1574 <b>2011</b> <b>Form 1098-T</b> <b>Tuition Statement</b>
FILER'S name, street address, city, state, ZIP code, and telephone number  <b>UNIVERSITY OF COLUMBUS</b> 677 D. Jones University Drive Columbus, OH 43216	1 Payments received for qualified tuition and related expenses <b>\$ 16,900.00</b>  2 Amounts billed for qualified tuition and related expenses <b>\$</b>	3 If this box is checked, your educational institution has changed its reporting method for 2011 <input type="checkbox"/>
FILER'S federal identification no. 10-8XXXXXX	STUDENT'S social security number 143-XX-XXXX	4 Adjustments made for a prior year <b>\$</b>
STUDENT'S name <b>RONALD MOORE</b>	5 Scholarships or grants <b>\$ 10,000.00</b>	6 Adjustments to scholarships or grants for a prior year <b>\$</b>
Street address (including apt. no.) 2621 Tudor Ave.  City, state, and ZIP code Livingston, NJ 07039	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► <input type="checkbox"/>	8 Checked if at least half-time student <input checked="" type="checkbox"/>
Service Provider/Acct. No. (see instr.)	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund <b>\$</b>
Form <b>1098-T</b>		Department of the Treasury - Internal Revenue Service
(keep for your records)		



# PRO-P1 Moore Scenario

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor & PENSION 22 South Clinton Avenue Trenton, NJ 08609-1212		1 Unemployment compensation \$ 1,753.52	OMB No. 1545-0120  <b>2011</b>  Form 1099-G	<b>Certain Government Payments</b>
PAYER'S federal identification number <b>22-2481818</b>	RECIPIENT'S identification number 141-XX-XXXX	3 Box 2 amount is for tax year \$	4 Federal income tax withheld \$ 98.00	<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.
RECIPIENT'S name HILDA MOORE		5 AA/RTAA payments \$	6 Taxable grants \$	
Street address (including apt. no.) 2621 Tudor Ave. City, state, and ZIP code Livingston, NJ 07039		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>	
Account number (see instructions)		9 Market gain \$	11 State income tax withheld \$	
Form 1099-G		(keep for your records)		Department of the Treasury - Internal Revenue Service

<b>PAID BY</b> OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P.O. BOX 45 BOYERS, PA 16017-0045	<b>STATEMENT OF ANNUITY PAID</b> Copy B - File with Federal tax return	<b>2011</b>	OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.															
Form CSA 1099R (Rev. 1/2009) This information is being furnished to the Department of Treasury - Internal Revenue Service	PAYER's Federal Identification <b>16-5XXXXXX</b>	Recipient's ID No. (Annuities) 141-XX-XXXX	Account number (Retirement Claim No.) CSA 29161713															
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums		<b>PAID TO</b> →																
7. Distribution Code(s) <b>4-Death Benefits</b>		<b>HILDA MAE MOORE</b> 2621 Tudor Ave. Livingston, NJ 07039																
9b. Total Employee Contributions <b>\$34,250.00</b>																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">1. Gross distribution</td> <td style="width: 80%; text-align: right;">\$17,585.25</td> </tr> <tr> <td></td> <td>2a. Taxable amount</td> <td style="text-align: right;">\$16,570.00</td> </tr> <tr> <td></td> <td>4. Federal Income Tax Withheld</td> <td style="text-align: right;">\$2,250.00</td> </tr> <tr> <td>State 1</td> <td>10. State Income Tax Withheld</td> <td style="text-align: center;">NONE</td> </tr> <tr> <td>State 2</td> <td>10. State Income Tax Withheld</td> <td></td> </tr> </table>			1. Gross distribution	\$17,585.25		2a. Taxable amount	\$16,570.00		4. Federal Income Tax Withheld	\$2,250.00	State 1	10. State Income Tax Withheld	NONE	State 2	10. State Income Tax Withheld	
	1. Gross distribution	\$17,585.25																
	2a. Taxable amount	\$16,570.00																
	4. Federal Income Tax Withheld	\$2,250.00																
State 1	10. State Income Tax Withheld	NONE																
State 2	10. State Income Tax Withheld																	
To separate, tear on perforation																		