

N12-P4 Roberts Scenario

Form 13614-C (Rev. 10-2012)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964
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Section A. Complete Pages 1-3
You are responsible for the information on your return so please provide complete and accurate information to the IRS certified volunteer 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.
- Picture ID (such as a valid driver's license or other government issued ID for you and your spouse, if applicable).

Part I. Your Personal Information

1. Your First Name Paula	M. I. T	Last Name Roberts	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your Spouse's First Name	M. I.	Last Name	Is your spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address 123 Elm	Apt#	City Pluckemin	State NJ Zip Code 07978
4. Contact Information Phone: 973-555-1111 Cell Phone: E-mail:			
5. Your Date of Birth 07-01-1952	6. Your Job Title Glazing Contractor	Are you: 7. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Totally and Permanently Disabled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Your Spouse's Date of Birth	10. Your Spouse's Job Title	Is Your 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, 2012, were you?
 Single
 Married: Did you live with your spouse during any part of the last six months of 2012? 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 2012 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2012. If additional space is needed please check here and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2012 (d)	US Citizen or resident of US, Canada or Mexico in 2012 (yes/no) (e)	Marital Status as of 12/31/12 (S/M) (f)	Full-time Student in 2012 (yes/no) (g)	Received less than \$3800 income in 2012 (yes/no) (h)
James Roberts	07-01-89	Son	12	Yes	S	Yes	Yes
Monica Roberts	07-01-93	Daughter	12	Yes	S	Yes	Yes
Lisa Roberts	07-01-93	Daughter	12	Yes	S	Yes	Yes

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

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.

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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 2012, did you (or your spouse) receive:

- | Yes | No | Unsure | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Form W-2) If yes, how many jobs did you have in 2012? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Tip Income? |
| <input checked="" type="checkbox"/> | <input 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 Income? (Form 1099-MISC) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. 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"/> | 10. 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"/> | 11. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Unemployment Compensation? (Form 1099-G) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Income (or loss) from Rental Property? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.)? (Forms W-2 G, 1099-MISC)
Specify: <u>Gambling, Jury duty</u> |

Part IV. Expenses – In 2012 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 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 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 checked="" type="checkbox"/> | <input 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 or dependent care expenses such as day-care? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.? |

Part V. Life Events – In 2012 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-SA, 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? (Forms 1099-C, 1099A) |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Live in an area that was affected by a natural disaster? If yes, where? <u>Pluckemin, NJ</u> |
| <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 2012 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 2011 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Become a victim of identity theft? |

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

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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 questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? _____

Are you or a member of your household considered disabled? Yes No

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, safest way to receive your tax refund. When you combine e-file and direct deposit, the IRS will likely issue your refund in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of \$50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?

Yes 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:

Under no circumstances will the Internal Revenue Service tolerate discriminatory treatment of taxpayers by its employees, or individuals who volunteer or work at Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites. No taxpayer shall be subject to discrimination on the basis of sex, race, color, national origin, reprisal, disability or age in educational programs or activities supported by the Department of the Treasury – Internal Revenue Service.

Taxpayers with a disability may require a reasonable accommodation in order to participate or receive the benefits of a program or activity supported by the Department of the Treasury – Internal Revenue Service. Site Coordinators and Managers are responsible for ensuring that requests for reasonable accommodation are granted when the request is made by a qualified individual with a disability.

If a qualified taxpayer believes that he or she has been discriminated against based on sex, race, color, national origin, disability, reprisal or age, they can file a complaint with the Department of the Treasury – Internal Revenue Service. All written complaints should be sent to:

Director, Civil Rights Division
Internal Revenue Service
1111 Constitution Avenue, NW, Rm. 2413
Washington, DC 20224

For all inquiries concerning taxpayer civil rights, contact us at the address referenced above, or e-mail us at eeo.external.civil.rights@irs.gov.

STOP HERE!

Thank you for completing this form.

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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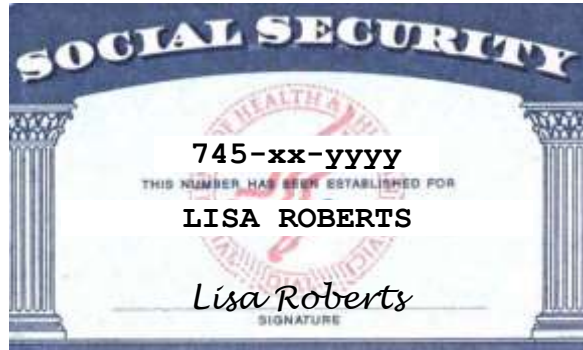
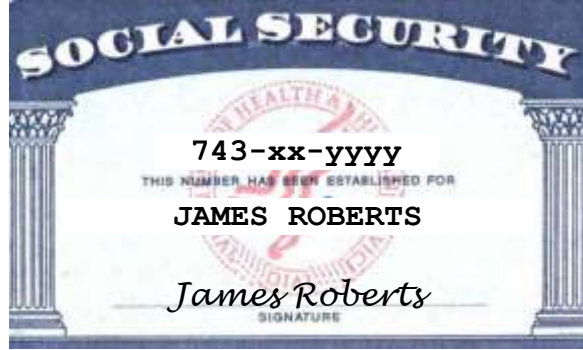
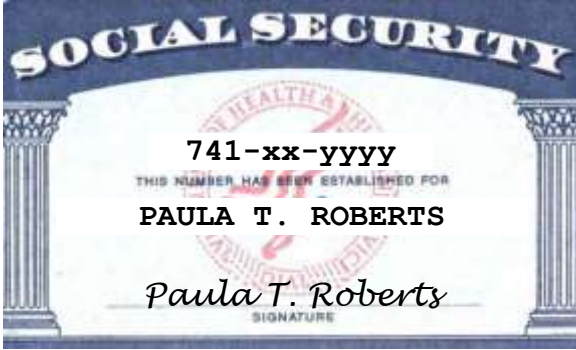
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Interview Notes:

1. Paula brought her prior year return with her. She itemized last year - her itemized deductions were \$8,605 and her taxable income was \$22,345. She used state sales tax instead of state income tax on Schedule A. She owed \$55 on her New Jersey return. There are no capital loss carryovers.
2. Paula is receiving federal Social Security Disability Benefits (reported on her form SSA-1099)
3. One half of the tax exempt interest from Big Bank is for a New Jersey Municipal fund and the other half is for a Municipal fund from another state.
4. Paula is below the minimum retirement age for the company providing her disability pension.
5. Paula does not qualify for the Savings Bond exclusion.
6. Paula received \$400 in cash payments during the tax year for various odd jobs as a glazing contractor.
7. Paula has documentation to support \$1,000 in gambling losses on slot machines.
8. Paula received \$10 for her service on a jury during the tax year.\
9. James is a graduate student at Big U. Monica and Lisa are in their first year at Big U. James had a full scholarship for his 4 year undergraduate degree which he finished prior to 2012. None of the kids have any criminal record.
10. Paula owns her home in Pluckemin (Block Number = 11, Lot Number = 104, no qualifier).
11. She paid \$6,000 in property tax (\$5,500 out-of-pocket plus a \$500 Homestead Benefit credit). The Homestead Benefit, as usual, was for two years ago (Paula did itemize that year).
12. She received a \$277 PTR refund during the tax year. Her base year PTR amount is \$5,600.
13. Paula does not have a mortgage on her home.
14. Paula had no foreign financial interests or involvement.
15. Paula's decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund. Her choice for handling her NJ refund / amount owed is the same as her federal choice.
16. Pluckemin is part of Bedminster township in Somerset county.
17. Paula had no out-of-state purchases on which she did not pay Use tax.
18. Paula received an inheritance of \$21,000 and \$10,000 death benefit when her mother died last year.
19. She also received an auto insurance payment of \$5,000 (based on FMV) when one of her kids totaled her car.
20. Paula had \$4,500 of damage to her house during Hurricane Sandy. Her homeowner's insurance only reimbursed her \$700.
21. Paula does not have any information on her contributions to her Roth IRA.

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Documents:



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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT																											
<div style="display: flex; justify-content: space-between; align-items: center;"> 2012 <ul style="list-style-type: none"> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION. </div>																											
Box 1. Name <div style="font-size: 18pt; font-weight: bold; text-align: center;">Paula T. Roberts</div>	Box 2. Beneficiary's Social Security Number <div style="font-size: 18pt; font-weight: bold; text-align: center;">741-xx-yyyy</div>																										
Box 3. Benefits Paid in 2010 <div style="font-size: 18pt; font-weight: bold; text-align: center;">13,000.00</div>	Box 4. Benefits Repaid to SSA in 2010 <div style="font-size: 18pt; font-weight: bold; text-align: center;">NONE</div>	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) <div style="font-size: 18pt; font-weight: bold; text-align: center;">13,000.00</div>																									
<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;">11,600.00</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;">1,400.00</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td style="text-align: right; padding: 2px 5px;">0.00</td> </tr> <tr> <td style="padding: 2px 5px;">Voluntary federal income tax withheld</td> <td style="text-align: right; padding: 2px 5px;">0.00</td> </tr> <tr> <td style="padding: 2px 5px;">Total Additions</td> <td style="text-align: right; padding: 2px 5px;">13,000.00</td> </tr> <tr> <td style="padding: 2px 5px;">Benefits for 2011</td> <td style="text-align: right; padding: 2px 5px;">13,000.00</td> </tr> </table> </td> <td style="padding: 5px;"> <div style="font-size: 24pt; font-weight: bold; text-align: center;">NONE</div> </td> </tr> <tr> <td colspan="2" style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;"> Box 6. Voluntary Federal Income Tax Withheld <div style="font-size: 18pt; font-weight: bold; text-align: center;">0.00</div> </td> </tr> <tr> <td colspan="2" style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;"> Box 7. Address <div style="font-size: 18pt; font-weight: bold; text-align: center;">Paula T. Roberts 123 Elm Pluckemin NJ 07978</div> </td> </tr> <tr> <td colspan="2" 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.) <div style="height: 40px;"></div> </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;">11,600.00</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;">1,400.00</td> </tr> <tr> <td style="padding: 2px 5px;">Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td style="text-align: right; padding: 2px 5px;">0.00</td> </tr> <tr> <td style="padding: 2px 5px;">Voluntary federal income tax withheld</td> <td style="text-align: right; padding: 2px 5px;">0.00</td> </tr> <tr> <td style="padding: 2px 5px;">Total Additions</td> <td style="text-align: right; padding: 2px 5px;">13,000.00</td> </tr> <tr> <td style="padding: 2px 5px;">Benefits for 2011</td> <td style="text-align: right; padding: 2px 5px;">13,000.00</td> </tr> </table>	Paid by check or direct deposit	11,600.00	Medicare Part B premiums deducted from your benefit	1,400.00	Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00	Voluntary federal income tax withheld	0.00	Total Additions	13,000.00	Benefits for 2011	13,000.00	<div style="font-size: 24pt; font-weight: bold; text-align: center;">NONE</div>			Box 6. Voluntary Federal Income Tax Withheld <div style="font-size: 18pt; font-weight: bold; text-align: center;">0.00</div>			Box 7. Address <div style="font-size: 18pt; font-weight: bold; text-align: center;">Paula T. Roberts 123 Elm Pluckemin NJ 07978</div>			Box 8. Claim Number (Use this number if you need to contact SSA.) <div style="height: 40px;"></div>
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<div style="display: flex; justify-content: space-between; align-items: center;"> Form SSA-1099-SM (1-2011) DO NOT RETURN THIS FORM TO SSA OR IRS </div>																											

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Big Bank
 123 Main, Pluckemin NJ 07978
 EIN: 74-9xxyyy

Account: 987-020752
 Paula T. Roberts
 123 Elm, Pluckemin NJ 07978
 741-xx-yyyy

Substitute 1099-INT

Box 1	Box 2	Box 3	Box 4	Box 8
Interest income	Early withdrawal penalty	Interest on U.S. Savings Bonds	Federal income tax withheld	Tax-exempt interest
99.00	11.00	101.00		200.00

Substitute 1099-DIV

Box 1a	Box 1b	Box 2a	Box 4	Box 6
Total ordinary dividends	Qualified dividends	Total capital gain distr.	Federal income tax withheld	Foreign tax paid
600.00	122.00			

Substitute 1099-B

Box 1a	Box 1b	Box 1c	Box 1d	Box 1e	Box 2a	Box 3	Box 6
Sale Date	Acquisition Date * = Multiple	Short / Long	Symbol	Quantity	Sale Amount	Cost / Basis	a – Noncovered b – Basis reported
Short-term transactions for which basis is reported to the IRS – Report on Form 8949, Part I, with Box A checked.							
07/01/2012	03/01/2012	Short	K	100	5,000.00	5,500.00	b
12/01/2012	*	Short	FB	50	10,000.00	9,000.00	b
Long-term transactions for which basis is reported to the IRS – Report on Form 8949, Part II, with Box A checked.							
07/01/2012	08/01/2009	Long	SPDR	50	8,000.00	7,500.00	b
Long-term transactions for which basis is not reported to the IRS – Report on Form 8949, Part II, with Box B checked.							
07/01/2012	*	Long	IBM	50	9,000.00	11,000.00	a

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<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, and ZIP code Big Bank 123 Main Pluckemin NJ 07978		1 Gross distribution \$ 2,000.00 2a Taxable amount \$	OMB No. 1545-0119 2012 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 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 74-9xxyyyy	RECIPIENT'S identification number 74-1xxyyyy	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name Paula Roberts Street address (including apt. no.) 123 Elm City, state, and ZIP code Pluckemin NJ 07978		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		7 Distribution code(s) Q	8 Other \$ %
Account number (see instructions) \$		9a Your percentage of total distribution \$ %	9b Total employee contributions \$	12 State tax withheld \$	13 State/Payer's state no. \$
15 Local tax withheld \$		16 Name of locality \$		14 State distribution \$	17 Local distribution \$
15 Local tax withheld \$		16 Name of locality \$		14 State distribution \$	17 Local distribution \$

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, and ZIP code Big Corp 123 Main Pluckemin NJ 07978		1 Gross distribution \$ 13,000.00 2a Taxable amount \$ 13,000.00	OMB No. 1545-0119 2012 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 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 74-8xxyyyy	RECIPIENT'S identification number 74-1xxyyyy	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 3,000.00		
RECIPIENT'S name Paula Roberts Street address (including apt. no.) 123 Elm City, state, and ZIP code Pluckemin NJ 07978		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		7 Distribution code(s) 3	8 Other \$ %
Account number (see instructions) \$		9a Your percentage of total distribution \$ %	9b Total employee contributions \$	12 State tax withheld \$	13 State/Payer's state no. \$
15 Local tax withheld \$		16 Name of locality \$		14 State distribution \$	17 Local distribution \$

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

N12-P4 Roberts Scenario

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, street address, city, state, and ZIP code Big Corp 321 First Ave Pluckemin NJ 07978		1 Gross distribution \$ 20,000.00	OMB No. 1545-0119 2012 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number 74-8xxyyyy		2a Taxable amount \$ 19,469.00	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name Paula Roberts Street address (including apt. no.) 123 Elm City, state, and ZIP code Pluckemin NJ 07978		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy 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.
RECIPIENT'S identification number 74-1xxyyyy		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, ZIP code, federal identification number, and telephone number NJ Lottery 123 Main Pluckemin NJ 07978 EIN: 74-7xxyyyy Tel: 888-555-1111		1 Gross winnings 4,000.00	2 Federal income tax withheld	OMB No. 1545-0238 2012 Form W-2G Certain Gambling Winnings
WINNER'S name, address (including apt. no.), and ZIP code Paula Roberts 321 Windy Ln Pluckemin NJ 07978		3 Type of wager NJ Lottery	4 Date won 07-01-2012	This information is being furnished to the Internal Revenue Service. Copy 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.
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.		5 Transaction	6 Race	
Signature ▶		7 Winnings from identical wagers	8 Cashier	
Date ▶		9 Winner's taxpayer identification no. 741-xx-yyy	10 Window	
		11 First I.D.	12 Second I.D.	
		13 State/Payer's state identification no.	14 State income tax withheld	

Form **W-2G** Department of the Treasury - Internal Revenue Service

N12-P4 Roberts Scenario

<input type="checkbox"/> CORRECTED					
FILER'S name, street address, city, state, ZIP code, and telephone number Big U 123 Main Pluckemin NJ 07978		1 Payments received for qualified tuition and related expenses \$ 5,000.00	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>		Tuition Statement
		2 Amounts billed for qualified tuition and related expenses \$ 5,000.00	Form 1098-T		
FILER'S federal identification no. 74-6xxxxxx	STUDENT'S social security number 74-3xxxxxx	3 If this box is checked, your educational institution has changed its reporting method for 2012 <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
STUDENT'S name James Roberts		4 Adjustments made for a prior year \$	5 Scholarships or grants \$		
Street address (including apt. no.) 123 Elm		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2013 <input type="checkbox"/>		
City, state, and ZIP code Pluckemin NJ 07978					
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$		
Form 1098-T		(keep for your records)		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED					
FILER'S name, street address, city, state, ZIP code, and telephone number Big U 123 Main Pluckemin NJ 07978		1 Payments received for qualified tuition and related expenses \$ 4,000.00	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>		Tuition Statement
		2 Amounts billed for qualified tuition and related expenses \$ 4,000.00	Form 1098-T		
FILER'S federal identification no. 74-6xxxxxx	STUDENT'S social security number 74-4xxxxxx	3 If this box is checked, your educational institution has changed its reporting method for 2012 <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
STUDENT'S name Monica Roberts		4 Adjustments made for a prior year \$	5 Scholarships or grants \$		
Street address (including apt. no.) 123 Elm		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2013 <input type="checkbox"/>		
City, state, and ZIP code Pluckemin NJ 07978					
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$		
Form 1098-T		(keep for your records)		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED					
FILER'S name, street address, city, state, ZIP code, and telephone number Big U 123 Main Pluckemin NJ 07978		1 Payments received for qualified tuition and related expenses \$ 4,000.00	OMB No. 1545-1574 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>		Tuition Statement
		2 Amounts billed for qualified tuition and related expenses \$ 4,000.00	Form 1098-T		
FILER'S federal identification no. 74-6xxxxxx	STUDENT'S social security number 74-5xxxxxx	3 If this box is checked, your educational institution has changed its reporting method for 2012 <input type="checkbox"/>		Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
STUDENT'S name Lisa Roberts		4 Adjustments made for a prior year \$	5 Scholarships or grants \$		
Street address (including apt. no.) 123 Elm		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2013 <input type="checkbox"/>		
City, state, and ZIP code Pluckemin NJ 07978					
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$		
Form 1098-T		(keep for your records)		Department of the Treasury - Internal Revenue Service	