

# PRO-P2 Baylor 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).

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**Part I. Your Personal Information**

1. Your First Name Ben	M. I. A	Last Name Baylor	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Spouse's First Name Pat	M. I. N	Last Name Harper	Is spouse a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address 30911 Lost Meadow	Apt#	City Absecon	State NJ
Zip Code 08201			
4. Contact Information Phone: 609-555-9876      Cell Phone: 609-555-1234      E-mail: BenBay@Mail.com			
5. Your Date of Birth 03/12/1934	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 10/30/1936	10. Spouse's Job Title 06-21-11 Deceased	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			

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**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: 2011

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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)
Madison Chambers	04-05-94	Grandchild	9	Yes	S	Yes	Yes

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- **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.

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**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

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## PRO-P2 Baylor Scenario

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**Additional Information and Questions related to the preparation of your return**

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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? None

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

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**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. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds 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:**


**STOP HERE!**

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

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**Your Civil Rights are Protected:** It is the Internal Revenue Service’s mission to provide America’s taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. 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.

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**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.

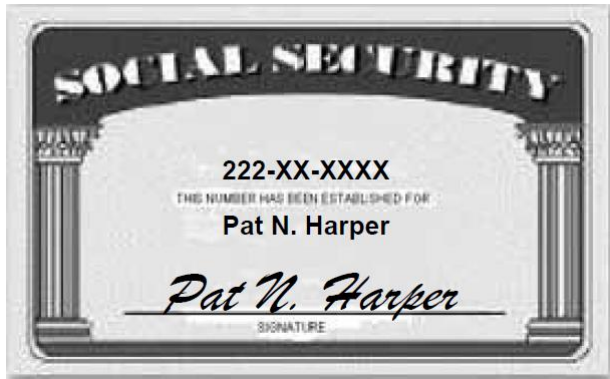
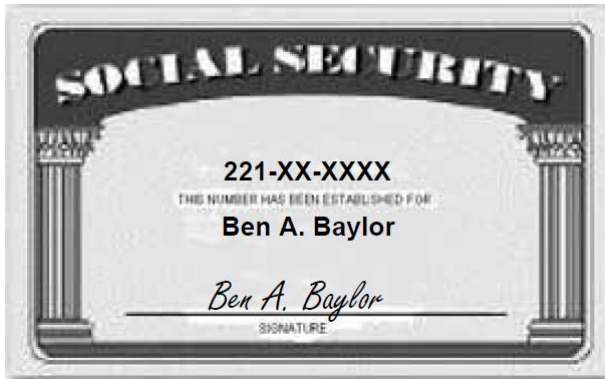
Catalog Number 52121E

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# PRO-P2 Baylor 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> 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. <b>Sections A &amp; B</b> of this form are complete.</p> <p>2. <b>Taxpayer's identity, address and phone numbers</b> were verified.</p> <p>3. <b>Names, SSNs, ITINs or EINs, and dates of birth of taxpayer, spouse and dependents</b> match the supporting documents.</p> <p>4. <b>Filing Status</b> is correctly determined.</p> <p>5. <b>Personal and Dependency Exemptions</b> are entered correctly on the return.</p> <p>6. All <b>information</b> shown on source documents and noted in Section A, Part III is included on the tax return.</p> <p>7. Any <b>Adjustments to Income</b> are correctly reported.</p> <p>8. <b>Standard, Additional or Itemized Deductions</b> are correct.</p> <p>9. All <b>credits</b> are correctly reported.</p> <p>10. Withholding shown on Forms W-2, 1099 and <b>Estimated Tax Payments</b> are correctly reported.</p> <p><input type="checkbox"/> <b>All tax law issues above have been addressed and necessary changes have been made.</b></p> <p><input type="checkbox"/> <b>If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.</b></p> <p><input type="checkbox"/> <b>Correct SIDN and EFIN are shown on the return.</b></p>
<p><b>Additional Tax Preparer Notes:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Catalog Number 52121E <span style="float: right;">Form <b>13614-C</b> (Rev. 10-2011)</span></p> <p style="text-align: right;">4</p>	

## PRO-P2 Baylor Scenario



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### Interview Notes - Baylor

1. Ben is retired and Pat was a housewife prior to her death.
2. Ben does not wish to contribute to either the Presidential or Gubernatorial Election Campaign Fund. He states that he does not wish to indicate a contribution for his spouse either.
3. Ben's granddaughter, Madison Chambers, moved in with them in April of last year. He provides all her support. She was born in France where her parents were stationed.
4. Ben and Pat received a NJ Income Tax refund of \$103 in 2011 (for their NJ 2010 return).
5. They itemized last year and their Sch A shows line 5b checked (indicating their state sales tax amount was larger than their state income tax amount).
6. Ben's list of Schedule A expenses:
  - Doctor bills \$4,723
  - Hospital bills \$5,168
  - Medical mileage 93 miles per month (1,116 total miles)
  - Prescription drugs \$1,756
  - Prescription eyeglasses \$210
  - Church donations (statement from church) \$850
  - Church raffle ticket (didn't win) \$25
  - Public Broadcasting System (receipt from PBS) \$201
  - Salvation Army (Receipt for FMV for used clothes in good condition) \$350
  - Funeral expenses \$6,875
  - Home mortgage interest (from Form 1098) \$2,164
  - Real estate tax – main home (from tax statement) \$3,498
  - Real estate tax – empty lot next door \$623
  - Gambling losses \$2,550
7. Ben paid \$1,400 in sales tax on the purchase of a new red convertible sports car in July, 2011.
8. Ben is in the NJ PTR program. Their base amount is \$3,303. Last year's PTR rebate was \$172. He did not receive a Homestead Benefit last year.
9. The Bayers had no financial involvement of any kind in any foreign country.
10. Ben owned his home all year in Absecon (Atlantic County).
11. All dependents on the NJ return have health insurance.
12. Ben did not make any out of state purchases.
13. Ben would like any NJ refund or amount due handled the same way as on his federal return.

# PRO-P2 Baylor Scenario

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, ZIP code, and telephone no.  The Lone Star Fund 10005 Gesner, Suite 587 Houston, TX 77079		1a Total ordinary dividends \$ 1,565.00	OMB No. 1545-0110  <span style="font-size: 2em; font-weight: bold;">2011</span>	<b>Dividends and Distributions</b>	
		1b Qualified dividends \$ 875.00			Form 1099-DIV
		2a Total capital gain distr. \$ 737.00			2b Unrecap. Sec. 1250 gain \$
PAYER'S federal identification number  21-5XXXXXX	RECIPIENT'S identification number  221-XX-XXXX	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
RECIPIENT'S name  Ben A. Baylor  Street address (including apt. no.)  30911 Lost Meadow  City, state, and ZIP code Absecon, NJ 08201		3 Nondividend distributions \$	4 Federal income tax withheld \$	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.	
		5 Investment expenses \$			
		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
		8 Cash liquidation distributions \$	9 Noncash liquidation distributions \$		
		Account number (see instructions)			
Form 1099-DIV (keep for your records) Department of the Treasury - Internal Revenue Service					

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, street address, city, state, and ZIP code  Defense Finance & Accounting SVC US Military Retirement Pay P.O.Box 7139 Indianapolis, IN 46249		1 Gross distribution \$ 23,919.00	OMB No. 1545-0119  <span style="font-size: 2em; font-weight: bold;">2011</span>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$ 23,919.00		
		2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S federal identification number  11-2XXXXXX	RECIPIENT'S identification number  221-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,580.00	<b>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.</b>
RECIPIENT'S name  Ben A. Baylor  Street address (including apt. no.)  30911 Lost Meadow  City, state, and ZIP code Absecon, NJ 08201		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 7	8 Other \$ %	
		7a Your percentage of total distribution %	7b 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. NJ 11-2XXXXXX	14 State distribution \$ 23,919.00
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$
Form 1099-R Department of the Treasury - Internal Revenue Service				

# PRO-P2 Baylor Scenario

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		<b>2011</b>	Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code Harris Trust P.O. Box 1389 Indianapolis, IN 46204		<b>1</b> Gross distribution \$ 13,223.00	<b>2a</b> Taxable amount \$ 13,223.00				Total distribution <input type="checkbox"/> Total distribution <input type="checkbox"/>
PAYER'S federal identification number 21-7XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$		<b>Copy B</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 name Ben A. Baylor  Street address (including apt. no.) 30911 Lost Meadow  City, state, and ZIP code Absecon, NJ 08201		<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$	<b>6</b> Net unrealized appreciation in employer's securities \$				
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib. \$	<b>12</b> State tax withheld \$	<b>13</b> State/Payer's state no. NJ 22-2XXXXXX			<b>14</b> State distribution \$ 13,223.00
Account number (see instructions) \$		<b>15</b> Local tax withheld \$	<b>16</b> Name of locality \$	<b>17</b> Local distribution \$			

Form **1099-R** Department of the Treasury - Internal Revenue Service

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT		
<b>2011</b> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name <b>BEN A. BAYLOR</b>	Box 2. Beneficiary's Social Security Number <b>221-XX-XXXX</b>	
Box 3. Benefits Paid in 2011 <b>\$12,108.00</b>	Box 4. Benefits Repaid to SSA in 2011 <b>\$0.00</b>	Box 5. Net Benefits for 2011 (Box 3 minus Box 4) <b>\$12,108.00</b>
DESCRIPTION OF AMOUNT IN BOX 3  Paid by check or direct deposit: \$10,047.20  Medicare Part B premiums deducted from your benefits: \$1,334.80  Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$426.00  Total Additions: \$12,108.00  Benefits for 2011: \$12,108.00 Draft as of May 15, 2011 - Subject to Change		DESCRIPTION OF AMOUNT IN BOX 4  Box 6. Voluntary Federal Income Tax Withholding \$300.00  Box 7. Address <b>BEN A. BAYLOR</b> <b>30911 LOST MEADOW</b> <b>Absecon, NJ 08201</b>  Box 8. Claim Number (Use this number if you need to contact SSA)

Form SSA-1099-SM (1-2011) DO NOT RETURN THIS FORM TO SSA OR IRS



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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT			
2011		• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name <b>PAT N. HARPER</b>		Box 2. Beneficiary's Social Security Number <b>222-XX-XXXX</b>	
Box 3. Benefits Paid in 2011 <b>\$7,920.00</b>	Box 4. Benefits Repaid to SSA in 2011 <b>\$0.00</b>	Box 5. Net Benefits for 2011 (Box 3 minus Box 4) <b>\$7,920.00</b>	
DESCRIPTION OF AMOUNT IN BOX 3  Paid by check or direct deposit: \$6,350.60  Medicare Part B premiums deducted from your benefits: \$1,269.40  Medicare Prescription Drug premiums (Part D) deducted from your benefits:  Total Additions: \$7,920.00 Benefits for 2011: \$7,920.00		DESCRIPTION OF AMOUNT IN BOX 4  Box 6. Voluntary Federal Income Tax Withholding <b>\$300.00</b>  Box 7. Address  <b>PAT N. HARPER</b>  <b>30911 LOST MEADOW</b> <b>Absecon, NJ 08201</b>	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	
Draft as of May 15, 2011 - Subject to Change			
Form SSA-1099-SM (1-2011)		DO NOT RETURN THIS FORM TO SSA OR IRS	

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, ZIP code, federal identification number, and telephone number  <b>CASINO REALE</b> <b>14011 Gamblers Way Road</b> <b>Charlestown, IN 47111</b> <b>21-8xxxxxx (866) 555-1111</b>	1 Gross winnings <b>\$ 1,200.00</b>	2 Federal income tax withheld <b>\$ 200.00</b>	OMB No. 1545-0238  <b>2011</b> <b>Form W-2G</b>  <b>Certain Gambling Winnings</b>	
	3 Type of wager <b>Slots</b>	4 Date won <b>01/15/2011</b>		6 Race <b>2718</b>
	5 Transaction	8 Cashier		10 Window
	7 Winnings from identical wagers	9 Winner's taxpayer identification no. <b>222-XX-XXXX</b>		12 Second I.D.
WINNER'S name, address (including apt. no.), and ZIP code  <b>Pat N. Harper</b> <b>30911 Lost Meadow</b> <b>Absecon, NJ 08201</b>	11 First I.D.	13 State/Payer's state identification no. <b>NJ 22-3xxxxxx</b>	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.	
	14 State income tax withheld <b>\$ 120.00</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.		
Signature ▶ <i>Pat N. Harper</i>		Date ▶ <b>01/15/2011</b>		
Form W-2G		Department of the Treasury - Internal Revenue Service		