

FAM-05 McCook Scenario

Form 13614-C (October 2013)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964
---------------------------------------	---	-------------------------

- You will need:**
- Tax information such as Forms W-2, 1099, 1098.
 - Social security cards or ITIN letters for all persons on your tax return.
 - Picture ID (such as valid driver's license) for you and your spouse.
- Please complete pages 1-2 of this form.
 • You are responsible for the information on your return. Please provide complete and accurate information.
 • If you have questions, please ask the IRS certified volunteer preparer.

Part I – Your Personal Information

1. Your first name Troy	M.I. H	Last name McCook	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name Yvonne	M.I.	Last name McCook	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 30911 Charles Busby Road		Apt #	City Paterson
4. Contact information Telephone number(s) 973-444-5555		Email address	
5. Your Date of Birth 09/11/1939	6. Your job title Retired		7. Last year, were you: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Your spouse's Date of Birth 12/07/1942	9. Your spouse's job title Retired		10. Last year, was your spouse: a. Full time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure			
12. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Adopted a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part II – Marital Status and Household Information

1. As of December 31 of last year, were you: Single
 Married Did you live with your spouse during any part of the last six months of 2013? Yes No
 Divorced or Legally Separated Date of final decree or separate maintenance agreement _____
 Widowed Year of spouse's death _____

2. List the names below of:
 • **everyone** who lived with you last year (other than you or your spouse)
 • **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 4

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/13 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	To be completed by a Certified Volunteer Preparer				
									Can this person be claimed by someone else as a dependent on their return? (yes/no)	Did this person provide more than 50% of their own support? (yes/no)	Did this person have less than \$3900 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

**Volunteers are trained to provide high quality service and uphold the highest ethical standards.
 To report unethical behavior to the IRS, email us at wi.voltax@irs.gov or call toll free 1-877-330-1205**

FAM-05 McCook Scenario

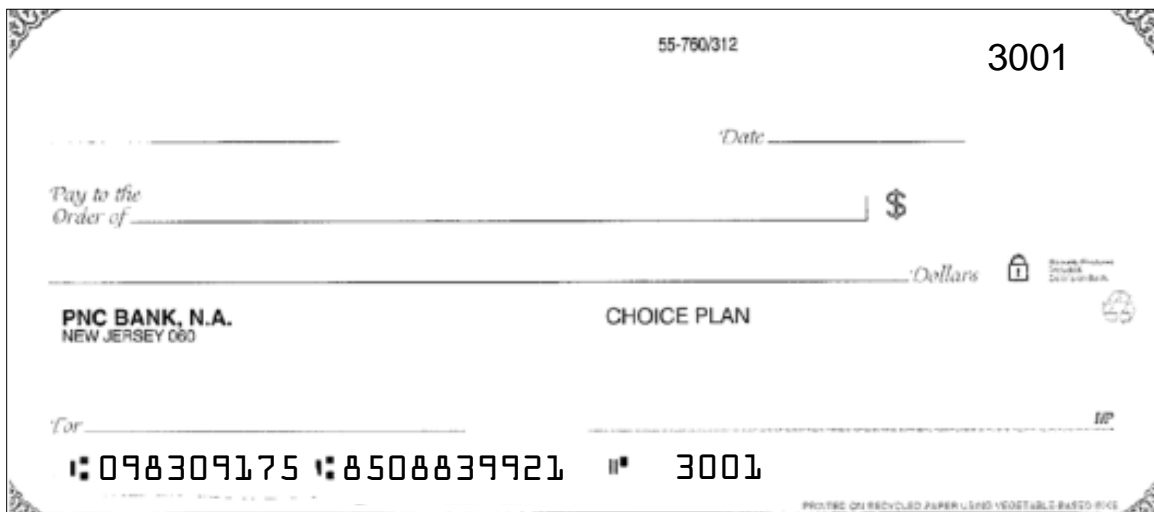
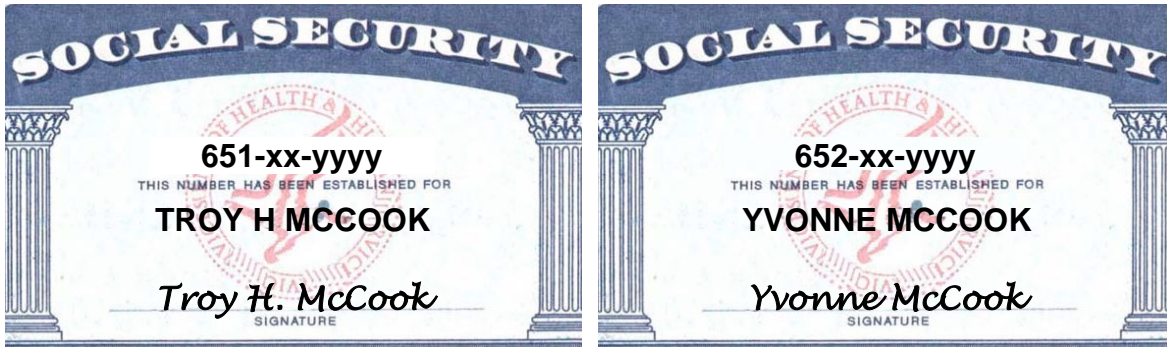
Yes	No	Unsure	Check appropriate box for each question in each section
Part III – Income – Last Year, Did You (or Your Spouse) Receive			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) 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. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) 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"/>	10. (B) 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. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____
Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) 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? _____ IRA (A) _____ Roth IRA (B) _____ 401K (B) _____ Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) 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. (B) Charitable contributions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?
Part V – Life Events – Last Year, Did You (or Your Spouse)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (HSA) 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. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) 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. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) 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. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Pay any student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
Part VI – Additional Information and Questions Related to the Preparation of Your Return			
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 <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse			
If you are due a refund, would you like			
Direct deposit		To purchase U.S. Savings Bonds	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		To split your refund between different accounts	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you have a balance due, would you like to make a payment directly from your bank account? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 your home? <u>Spanish</u> <input type="checkbox"/> Prefer not to answer			
Are you or a member of your household considered disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			

FAM-05 McCook Scenario

Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for the McCooks is Married Filing Jointly.
2. The McCooks lost last year's federal and NJ return, but assure you that they did not itemize deductions last year.
3. The McCooks decision to contribute to the gubernatorial election campaign fund is the same as the presidential election campaign fund.
4. The McCooks do not own a home. They paid rent of \$12,500.00 for the year.
5. By consulting your preparer resources you determine that Paterson is located in Passaic County – NJ Code 1608
6. The McCooks had no out-of-state purchases on which they did not pay Use tax.
7. The value of Troy's Ameritech IRA on Dec 31, 2013 was \$137,255. Unfortunately, the McCooks do not have any way to get any information on Troy's contributions to or prior year distributions from his Ameritech IRA.
8. They want to handle any state refund / amount due like their federal refund / amount due.

Documents:



FAM-05 McCook Scenario

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2013

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name Troy H. McCook		Box 2. Beneficiary's Social Security Number 651-xx-yyyy												
Box 3. Benefits Paid in 2010 12,765.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) 12,765.00												
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px;">\$10,331.70</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefit</td> <td style="text-align: right; padding: 2px;">\$1,156.80</td> </tr> <tr> <td style="padding: 2px;">Medicare Prescription Drug premiums (part D) deducted from your Benefits</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">Voluntary federal income tax withheld</td> <td style="text-align: right; padding: 2px;">\$1,276.50</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$12,765.00</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2013</td> <td style="text-align: right; padding: 2px;">\$12,765.00</td> </tr> </table>		Paid by check or direct deposit	\$10,331.70	Medicare Part B premiums deducted from your benefit	\$1,156.80	Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00	Voluntary federal income tax withheld	\$1,276.50	Total Additions	\$12,765.00	Benefits for 2013	\$12,765.00	<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> <p align="center" style="font-size: 1.2em;">NONE</p>
Paid by check or direct deposit	\$10,331.70													
Medicare Part B premiums deducted from your benefit	\$1,156.80													
Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00													
Voluntary federal income tax withheld	\$1,276.50													
Total Additions	\$12,765.00													
Benefits for 2013	\$12,765.00													
		Box 6. Voluntary Federal Income Tax Withheld 1,276.50												
		Box 7. Address Troy H. McCook 30911 Charles Busby Road Paterson, NJ 07524												
		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

FAM-05 McCook Scenario

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2013 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name Yvonne McCook		Box 2. Beneficiary's Social Security Number 652-xx-yyyy
Box 3. Benefits Paid in 2010 10,200.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) 10,200.00

DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	\$8,023.20	NONE	
Medicare Part B premiums deducted from your benefit	\$1,156.80		
Medicare Prescription Drug premiums (part D) deducted from your Benefits	0.00		
Voluntary federal income tax withheld	\$1,020.00		
Total Additions	\$10,200.00		
Benefits for 2013	\$10,200.00	Box 6. Voluntary Federal Income Tax Withheld 1,020.00	
		Box 7. Address Yvonne McCook 30911 Charles Busby Road Paterson, NJ 07524	
		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

FAM-05 McCook Scenario

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Oppenheimer Fund PO Box 5270 Denver, CO 80217		1a Total ordinary dividends \$ 500.00	OMB No. 1545-0110 <div style="font-size: 2em; color: blue; text-align: center;">2013</div>	Dividends and Distributions
PAYER'S federal identification number 65-9xxyyyy		1b Qualified dividends \$ 500.00	Form 1099-DIV	
RECIPIENT'S identification number 651-xx-yyyy		2a Total capital gain distr. \$ 100.00	2b Unrecap. Sec. 1250 gain \$	Copy B For Recipient
RECIPIENT'S name Troy H. McCook Street address (including apt. no.) 90911 Charles Busby Road City, state, and ZIP code Paterson, NJ 07524		2c Section 1202 gain \$	2d Collectibles (28%) gain \$	
Account number (see instructions)		3 Nondividend distributions \$	4 Federal income tax withheld \$ 50.00	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 \$	\$	
		Form 1099-DIV (keep for your records) Department of the Treasury - Internal Revenue Service		

FAM-05 McCook Scenario

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S name, street address, city, state, and ZIP code Ameritech Pension Trust PO Box 1389 Boston, MA 02104		1 Gross distribution	\$ 13,223.00	2013	OMB No. 1545-0119	Form 1099-R		Copy 1 For State, City, or Local Tax Department
		2a Taxable amount	\$ 13,223.00					
PAYER'S federal identification number 65-7xyyyy		RECIPIENT'S identification number 651-xx-yyyy		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,323.00		Copy 1 For State, City, or Local Tax Department
		RECIPIENT'S name Troy McCook Street address (including apt. no.) 30911 Charles Busby Road City, state, and ZIP code Paterson, NJ 07524		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) 7		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
				9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (see instructions) \$		12 State tax withheld \$		13 State/Payer's state no. \$		14 State distribution \$		
		15 Local tax withheld \$		16 Name of locality \$		17 Local distribution \$		

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

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED						Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S name, street address, city, state, and ZIP code Phoenix Investment Partners 101 Munson Street Greenfield, MA 01301		1 Gross distribution	\$ 12,250	2013	OMB No. 1545-0119	Form 1099-R		Copy 1 For State, City, or Local Tax Department
		2a Taxable amount	\$ 12,250					
PAYER'S federal identification number 65-8xyyyy		RECIPIENT'S identification number 652-xx-yyyy		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,225.00		Copy 1 For State, City, or Local Tax Department
		RECIPIENT'S name Yvonne McCook Street address (including apt. no.) 30911 Charles Busby Road City, state, and ZIP code Paterson, NJ 07524		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) 7		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
				9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (see instructions) \$		12 State tax withheld \$		13 State/Payer's state no. \$		14 State distribution \$		
		15 Local tax withheld \$		16 Name of locality \$		17 Local distribution \$		

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