

# PRO-P1 Moore Scenario

Form <b>13614-C</b> (October 2013)	Department of the Treasury - Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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 Hilda	M.I. M	Last name Moore	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 2621 Tudor Ave.	Apt #	City Livingston	State NJ      ZIP code 07039
4. Contact information    Telephone number(s)    352-111-1111	Email address		
5. Your Date of Birth 12-29-1962	6. Your job title Nurse	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	9. Your spouse's job title	10. Last year, was your spouse: a. Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input 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    2011

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)					
Ronald Moore	05-15-1990	Son	12	yes	yes	S	yes	no					
Edna Moore	09-28-1995	Daughter	12	yes	yes	S	yes	no					
Deloris Moore	05-21-1999	Daughter	12	yes	yes	S	yes	no					

**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](mailto:wi.voltax@irs.gov) or call toll free 1-877-330-1205**

# PRO-P1 Moore Scenario

Yes	No	Unsure	Check appropriate box for each question in each section		
<b>Part III – Income – Last Year, Did You (or Your Spouse) Receive</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?		
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)		
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____		
<b>Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay</b>					
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) _____ Roth IRA (B) <u>1</u> 401K (B) _____ Other		
<input checked="" type="checkbox"/>	<input 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?		
<b>Part V – Life Events – Last Year, Did You (or Your Spouse)</b>					
<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 checked="" type="checkbox"/>	<input 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?		
<b>Part VI – Additional Information and Questions Related to the Preparation of Your Return</b>					
<b>Presidential Election Campaign Fund</b> (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 type="checkbox"/> Spouse					
<b>If you are due a refund, would you like</b>					
Direct deposit		To purchase U.S. Savings Bonds		To split your refund between different accounts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<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>None</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	

## PRO-P1 Moore Scenario

<p><b>Social Security</b></p> <p><b>311-XX-XXXX</b></p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p><b>Hilda Mae Moore</b></p> <p>For Tax-Aide Training Purposes Only</p>	<p><b>Social Security</b></p> <p><b>313-XX-XXXX</b></p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p><b>Ronald Earman Moore</b></p> <p>For Tax-Aide Training Purposes Only</p>
--	--

<p><b>Social Security</b></p> <p><b>312-XX-XXXX</b></p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p><b>Edna Mae Moore</b></p> <p>For Tax-Aide Training Purposes Only</p>	<p><b>Social Security</b></p> <p><b>314-XX-XXXX</b></p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p><b>Deloris Marie Moore</b></p> <p>For Tax-Aide Training Purposes Only</p>
---	--

## PRO-P1 Moore Scenario

### Interview Notes - Moore

1. Hilda's husband, Sam, died on April 3rd 2011. He was a federal employee at the time of his death, and Hilda was able to start drawing his joint/survivor annuity in January, 2012. (She did not qualify for the NJ three year rule.)
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's brokerage statement from MLPFS reported \$450 in federal and NJ tax-exempt interest from JTE Mutual Fund. (Brokerage statement not included in documents – this was the only tax related entry.)
6. Hilda had gambling losses of \$2,000.
7. Ronald is a full-time undergraduate student at the University of Columbus. He started attending college three years ago 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 total to school = \$6,900 out-of-pocket plus \$10,000 scholarship.) Ronald did not receive a 1098-T for 2012 with any entry in box 2. Ronald does not have a felony controlled substance conviction.
8. To help pay for Ronald's education, Hilda took an early distribution from her IRA account.
9. Hilda has records that indicate the value of her IRA on 12-31 was \$45,000. Her total contributions that were previously taxed is \$20,000. This is her first withdrawal from this IRA.
10. Hilda wants to handle the Gubernatorial Election Campaign Fund the same way as the Presidential Election Campaign Fund.
11. Hilda did not itemize deductions last year.
12. 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.
13. Hilda was a tenant in Livingston (Essex County) all year. Her rent was \$800 per month.
14. Hilda did not make any out of state purchases on which she would owe Use Tax.
15. Hilda would like any NJ refund or amount due to be handled the same way as for her federal return.
16. Hilda had dental insurance through Hawthorn General which cost her \$55 per month. It was pre-tax for federal and after-tax for NJ.

## PRO-P1 Moore Scenario

		a. Employee's social security number <b>311-XX-XXXX</b>				
b. Employer Identification number (EIN) <b>10-5XX-XXXX</b>		1. Wages, tips, other compensation <b>35,965.04</b>		2. Federal income tax withheld <b>3,981.65</b>		
c. Employer's name, address, city state and ZIP Code <b>Hawthorn General Hospital 1525 Vaughn Rd. Gainesville, FL 32603</b>		3. Social security wages <b>37,622.04</b>		4. Social security tax withheld <b>2,332.57</b>		
		5. Medicare wages and tips <b>37,622.04</b>		6. Medicare tax withheld <b>545.52</b>		
		7. Social security tips		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code <b>Hilda Mae Moore 2621 Tudor Avenue Livingston, NJ 07039</b>		11. Nonqualified plans		12a. See instructions for box 12 <b>D</b>   <b>1,657.00</b>		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other <b>UI 131.33</b>		12c.		
		<b>DI 111.24</b>		12c.		
<b>FLI 30.90</b>						
15. State <b>NJ</b>	Employer's state ID number <b>59-882456</b>	16. State wages, tips, etc. <b>36,625.04</b>	17. State income tax <b>725.00</b>	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2 2013**

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code <b>A. Bean Bank &amp; Trust 704 NE State St. Gainesville, FL 32602</b>		Payer's RTN (optional)	<b>2013</b>	<b>Interest Income</b>	
		1 Interest income <b>289.35</b>	Form 1099-INT		<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 is has not been reported.
		2 Early withdrawal penalty			
PAYER'S Federal identification number <b>10-6XX-XXXX</b>	RECIPIENT'S identification number <b>311-XX-XXXX</b>	3 Interest on US Savings Bonds and Treas. obligations			
RECIPIENT'S name, address, city, state, and ZIP code <b>Hilda Moore 2621 Tudor Avenue Livingston, NJ 07039</b>		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign Tax Paid	7 Foreign Country or US possession		
		8 Tax exempt interest	9 Specified private activity bond interest		
Account number (see instructions)		10 Market Discount	11 Bond Premium		
		12 Tax-exempt bond CUSIP no	13 State	14 State Identification no.	15 State tax withheld

Form **1099-INT**

## PRO-P1 Moore Scenario

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED (if checked)		<h1 style="font-size: 2em; margin: 0;">2013</h1> <h2 style="margin: 0;">Form W-2-G</h2> <h3 style="margin: 0;">Certain Gambling Winnings</h3> <p style="font-size: 0.8em; margin: 5px 0;">This information is being furnished to the Internal Revenue Service</p> <p style="font-size: 0.8em; margin: 5px 0;"><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.</p>			
PAYER'S name, address, city, state, and ZIP code <b>Hesser Casino</b> <b>233 Catawba Highway</b> <b>Reno, NV 89510</b>				1. Gross winnings <b>1,500.00</b>	2. Date won <b>06-25-2013</b>
				3. Type of wager <b>SLOTS</b>	4. Federal income tax withheld
				5. Transaction	6. Race
				7. Winnings from identical wagers	8. Cashier
				PAYER'S Federal identification number    Payer's Telephone number <b>10-7XXXXXX</b> <b>775-555-XXXX</b>	
WINNER'S name, address, city, state, and ZIP <b>Hilda M. Moore</b> <b>2621 Tudor Avenue</b> <b>Livingston, NJ 07039</b>				11. First I.D.	12. Second I.D.
				13. State Payer's identification no.	14. State Winnings
				15. State income tax withheld	16. Local Winnings
				17. Local income tax withheld	18. Name of locality
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature >		Date >			
Form <b>W-2G</b>					

<input type="checkbox"/> CORRECTED (if checked)		<h1 style="font-size: 2em; margin: 0;">2013</h1> <h2 style="margin: 0;">Form 1098-T</h2> <h3 style="margin: 0;">Tuition Statement</h3> <p style="font-size: 0.8em; margin: 5px 0;"><b>Copy B For Student</b></p> <p style="font-size: 0.8em; margin: 5px 0;">This is important tax information and is being furnished to the Internal Revenue Service.</p>			
FILER'S name, address, city, state, and ZIP code <b>University of Columbus</b> <b>677 D. Jones University Drive</b> <b>Columbus, OH 43216</b>				1 Payments received for qualified tuition and related expenses <b>16,900.00</b>	2 Amounts billed for qualified tuition and related expenses
FILER'S Federal identification number    STUDENT'S social security number <b>10-8XXXXXX</b> <b>313-XX-XXXX</b>				3 If this box is checked, your educational institution has changed its reporting method for 2013. <input type="checkbox"/>	
STUDENT'S name, address, city, state, and ZIP code <b>Ronald Moore</b> <b>2621 Tudor Avenue</b> <b>Livingston, NJ 07039</b>				4 Adjustments made for a prior year	5 Scholarships or grants <b>10,000.00</b>
		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"/>		
Service Provider/Acct No. (see instr.)	8. Checked 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 <b>1098-T</b>					

## PRO-P1 Moore Scenario

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, address, city, state, ZIP code New Jersey Department of Labor 22 South Clinton Avenue Trenton, NJ 08609-1212		1 Unemployment compensation <b>1,753.52</b>	<h1 style="margin: 0;">2013</h1> Form 1099-G		<h3 style="margin: 0;">Certain Government Payments</h3>
PAYER'S Federal identification number <b>22-2481818</b>	RECIPIENT'S identification number <b>311-XX-XXXX</b>	. Box 2 amount is for tax year	4 Federal income tax withheld <b>98.00</b>		<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, address, city, state, ZIP code Hilda Moore 2621 Tudor Avenue Livingston, NJ 07039		5 RTAA payments	6 Taxable grants		
		7 Agriculture payments	8 If checked, box 2 is trade or business income > <input type="checkbox"/>		
		9 Market gain			
Account number (see instructions)		10. State	10b State identification no	11 State income tax withheld	
		-----	-----	-----	
Form <b>1099-G</b>					

<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	<h1 style="margin: 0;">2013</h1>	OMB No. 1545-0119 Form: 1099R Distribution From Pensions, Annuities Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.												
Form CSA 1099R (Rev 1/2009) This information is being furnished to the Department of Treasury - Internal Revenue Service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">                     PAYER'S Federal Identification  <b>16-5XXXXXX</b> </td> <td style="width: 33%;">                     Recipient's ID No. (Annuitant)  <b>311-XX-XXXX</b> </td> <td style="width: 33%;">                     Account number (Retirement Claim No.)  <b>CSA 29161713</b> </td> </tr> </table>	PAYER'S Federal Identification <b>16-5XXXXXX</b>	Recipient's ID No. (Annuitant) <b>311-XX-XXXX</b>	Account number (Retirement Claim No.) <b>CSA 29161713</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">                     1. Gross distribution  <b>17,585.25</b> </td> <td style="width: 40%;"></td> </tr> <tr> <td>                     2a. Taxable amount  <b>16,570.00</b> </td> <td></td> </tr> <tr> <td>                     4. Federal Income Tax Withheld  <b>2,250.00</b> </td> <td></td> </tr> <tr> <td>                     State 1    10. State Income Tax Withheld  <b>NONE</b> </td> <td></td> </tr> <tr> <td>                     State 2    11. State Income Tax Withheld                 </td> <td></td> </tr> </table>		1. Gross distribution <b>17,585.25</b>		2a. Taxable amount <b>16,570.00</b>		4. Federal Income Tax Withheld <b>2,250.00</b>		State 1    10. State Income Tax Withheld <b>NONE</b>		State 2    11. State Income Tax Withheld	
PAYER'S Federal Identification <b>16-5XXXXXX</b>	Recipient's ID No. (Annuitant) <b>311-XX-XXXX</b>	Account number (Retirement Claim No.) <b>CSA 29161713</b>														
1. Gross distribution <b>17,585.25</b>																
2a. Taxable amount <b>16,570.00</b>																
4. Federal Income Tax Withheld <b>2,250.00</b>																
State 1    10. State Income Tax Withheld <b>NONE</b>																
State 2    11. State Income Tax Withheld																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">                     5. Employee Contributions/                      Designed ROTH Contributions                      or Insurance Premiums  <b>1,150.00</b> </td> <td rowspan="3" style="text-align: center; vertical-align: middle;"> <b>PAID TO →</b>   <b>Hilda Mae Moore</b>  <b>2621 Tudor Avenue</b>  <b>Livingston, NJ 07039</b> </td> </tr> <tr> <td>                     7. Distribution Code(s)  <b>4-Death Benefits</b> </td> </tr> <tr> <td>                     9b. Total Employer Contributions  <b>34,250.00</b> </td> </tr> </table>		5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums <b>1,150.00</b>	<b>PAID TO →</b>  <b>Hilda Mae Moore</b> <b>2621 Tudor Avenue</b> <b>Livingston, NJ 07039</b>	7. Distribution Code(s) <b>4-Death Benefits</b>	9b. Total Employer Contributions <b>34,250.00</b>											
5. Employee Contributions/ Designed ROTH Contributions or Insurance Premiums <b>1,150.00</b>	<b>PAID TO →</b>  <b>Hilda Mae Moore</b> <b>2621 Tudor Avenue</b> <b>Livingston, NJ 07039</b>															
7. Distribution Code(s) <b>4-Death Benefits</b>																
9b. Total Employer Contributions <b>34,250.00</b>																

# PRO-P1 Moore Scenario

CORRECTED (if checked)

PAYER'S name, address, city, state, ZIP code Northern Financial Services P.O. Box 1011 Fairbanks, AK 99701		1 Gross distribution <b>5,000.00</b>	<h2 style="margin: 0;">2013</h2> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount <b>5,000.00</b>	2b Taxable amount not determined. <input type="checkbox"/> Total Distribution <input type="checkbox"/>		
PAYER'S Federal identification number <b>23-8XXXXXX</b>	RECIPIENT'S identification number <b>311-XX-XXXX</b>	3 Capital gain (included in box 2a).	4 Federal income tax withheld <b>500.00</b>		<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, address, city, state, ZIP code Hilda Moore 2621 Tudor Avenue Livingston, NJ 07039		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7. Distribution Code(s) <b>1</b>	IRA/SEP/SIMPLE <input checked="" 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 <b>100.00</b>	13. State/Payer's state no. <b>NJ 238XXXXXX</b>	14. State Distribution <b>5,000.00</b>	
Account number (see instructions) <b>12349876</b>		15. Local tax withheld	16. Name of Locality	17. Local Distribution	

Form **1099-R**