

PRO-P2 Baylor Scenario

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| Form 13614-C (October 2013) | Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet | OMB Number 1545-1964 |
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- 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 Ben | M.I. A | Last name Baylor | Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Your spouse's first name Pat | M.I. N | Last name Harper | Is your 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 Telephone number(s) Home: 609-555-9876, Cell: 609-555-1234 | | Email address BenBay@Mail.com | |
| 5. Your Date of Birth 02-12-1936 | 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 10-30-1938 | 9. Your spouse's job title 06-21-2013 Deceased | | 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 2013

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) | | | | | |
| Madison Changers | 04-05-1996 | Grandchild | 9 | yes | yes | S | yes | no | | | | | |
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**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**

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| 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? _____ | | |
| <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 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 <u>Gambling</u> | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. (B) Medical expenses? (including health insurance premiums) | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. (B) Home mortgage interest? (Form 1098) | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098) | | |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> Spouse | | | | | |
| If you are due a refund, would you like | | | | | |
| 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 | |

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|--|--|
| <p>Social Security</p> <p>321-XX-XXXX</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p>Ben A. Baylor</p> <p>For Tax-Aide Training Purposes Only</p> | <p>Social Security</p> <p>322-XX-XXXX</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p>Pat N. Harper</p> <p>For Tax-Aide Training Purposes Only</p> |
|--|--|

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|---|
| <p>Social Security</p> <p>323-XX-XXXX</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR</p> <p>Madison Chambers</p> <p>For Tax-Aide Training Purposes Only</p> |
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Interview Notes - Baylor

1. Ben would like their contribution choices for the Gubernatorial Election Campaign Fund to be the same as their Presidential Election Campaign fund.
2. Ben's granddaughter, Madison Chambers, moved in with them in April of the tax year. He provides all her support. She was born in France where her parents were stationed.
3. Ben and Pat received a NJ Income Tax refund of \$103 in 2013 (for their NJ 2012 return).
4. 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). Their itemized deduction amount was several thousand dollars more than their standard deduction. Their taxable income was greater than zero.
5. 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
 - Gambling losses \$2,550
6. Ben paid \$1,400 in sales tax on the purchase of a new red convertible sports car in July, 2013.
7. The Baylors paid \$3,498 in property tax on their main home (based on tax statement). They also paid \$623 in property tax for the empty lot they own next door. Their mortgage interest was \$2,164 (from a Form 1098).
8. The Baylors are in the NJ PTR program. Their base amount is \$3,303. Last year's PTR rebate was \$172.
9. The Baylors 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.

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|---|---|---|---|---|
| <input type="checkbox"/> CORRECTED (if checked) | | | | |
| PAYER'S name, address, city, state, ZIP code The Lone Star Fund 10005 Gesner, Suite 587 Houston, TX 77079 | | 1 Total Ordinary Dividends 1,565.00 | 2013 Form 1099-DIV | Dividends and Distributions Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| | | 1b Qualified Dividends 875.00 | | |
| | | 2a Total capital gain distr. 737.00 | 2b Unrecap. Sec. 1250 gain | |
| PAYER'S Federal identification number 21-5XX-XXXX | RECIPIENT'S identification number 321-XX-XXXX | 2c Section 1202 gain | 2d Collectables (28%) gain | |
| RECIPIENT'S name, address, city, state, ZIP code Ben A. Baylor 30911 Lost Meadow Absecon, NJ 08201 | | 3 Nondividend distributions | 4 Federal income tax withheld | |
| | | | | |
| | | 6 Foreign Tax Paid | 7 Foreign Country or US possession | |
| | | 8 Cash liquidation distributions | 9 Noncash liquidation distribution | |
| | | 10 Exempt-Interest dividends | 11 Specified private activity bond interest dividends | |
| Account number (see instructions) | | 13 State | 14 State identification no. | 15 State tax withheld |
| | | ----- | | |
| Form 1099-DIV | | | | |

| | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> CORRECTED (if checked) | | | | |
| PAYER'S name, address, city, state, ZIP code Defense Finance & Accounting SVC US Military Retirement Pay P.O. Box 7139 Indianapolis, IN 46249 | | 1 Gross distribution 23,919.00 | 2013 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 |
| | | 2a Taxable amount 23,919.00 | | |
| | | 2b Taxable amount not determined. <input type="checkbox"/> | Total Distribution <input type="checkbox"/> | |
| PAYER'S Federal identification number 11-2XXXXXX | RECIPIENT'S identification number 321-XX-XXXX | 3 Capital gain (included in box 2a). | 4 Federal income tax withheld 1,580.00 | |
| RECIPIENT'S name, address, city, state, ZIP code Ben A. Baylor 30911 Lost Meadow Absecon, NJ 08201 | | 5 Employee contributions / Designated Roth contributions or insurance premiums | | |
| | | 7 Distribution Code(s) 7 | IRA/SEP/SIMPLE <input type="checkbox"/> | |
| | | 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) 12349876 | | 15. Local tax withheld | 16. Name of Locality | 17. Local Distribution |
| | | ----- | | |
| Form 1099-R | | | | |

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|---|--|--|--|--|
| <input type="checkbox"/> CORRECTED (if checked) | | 2013 Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| PAYER'S name, address, city, state, ZIP code Harris Trust P.O. Box 1389 Indianapolis, IN 46204 | | 1 Gross distribution 13,999.00 | 2a Taxable amount 13,223.00 | |
| PAYER'S Federal identification number 21-7XXXXXX | RECIPIENT'S identification number 321-XX-XXXX | 3 Capital gain (included in box 2a). | 4 Federal income tax withheld | |
| RECIPIENT'S name, address, city, state, ZIP code Ben A. Baylor 30911 Lost Meadow 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 | IRA/SEP/SIMPLE <input type="checkbox"/> | 8 Other % |
| | | 9a Your percentage of total distribution % | 9b Total Employee Contributions 5,000.00 | |
| 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 222XXXXXX | 14. State Distribution 13,223.00 |
| Account number (see instructions) | | 15. Local tax withheld | 16. Name of Locality | 17. Local Distribution |

Form **1099-R**

| FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT | | | |
|--|--|--|--|
| 2013 | | <input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION. | |
| Box 1. Name BEN A. BAYLOR | | Box 2. Beneficiary's Social Security 321-XX-XXXX | |
| Box 3. Benefits Paid in 2013 12,108.00 | Box 4. Benefits Repaid to SSA in 0.00 | Box 5. Net Benefits Paid for 2013 (Box 3 minus Box 4) 12,108.00 | |
| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 | |
| 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 2013 | 12,108.00 | | |
| Benefits for 2012 | | Box 6. Voluntary Federal Income Tax Withheld 300.00 | |
| Benefits for 2011 | | Box 7. Address Ben A. Baylor 30911 Lost Meadow Absecon, NJ 08201 | |
| Benefits for 2010 | | Box 8. Claim Number (use this number if you need to contact SSA) | |

Form **SSA-1099-SM**

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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 PAT N. HARPER | | Box 2. Beneficiary's Social Security 322-XX-XXXX | |
| Box 3. Benefits Paid in 2013 7,920.00 | Box 4. Benefits Repaid to SSA in 0.00 | Box 5. Net Benefits Paid for 2013 (Box 3 minus Box 4) 7,920.00 | |
| 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 0.00 Total Additions 7,920.00 Benefits for 2013 7,920.00 | | DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withheld 300.00 Box 7. Address Pat N. Harper 30911 Lost Meadow Absecon, NJ 08201 | |
| Benefits for 2012 | | Box 8. Claim Number (use this number if you need to contact SSA) | |
| Benefits for 2011 | | | |
| Benefits for 2010 | | | |

Form **SSA-1099-SM**

VOID CORRECTED (if checked)

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|--|--|---|---|---|
| PAYER'S name, address, city, state, and ZIP code New Jersey Lottery PO Box 41 Trenton, NJ 08625-0041 | | 1. Gross winnings 1,200.00 | 2. Date won 01-15-2013 | 2013 Form W-2-G Certain Gambling Winnings |
| | | 3. Type of wager NJ Lottery | 4. Federal income tax withheld 200.00 | |
| PAYER'S Federal identification number Payer's Telephone number 26-7XXXXXX 866 555-1111 | | 5. Transaction | 6. Race | |
| WINNER'S name, address, city, state, and ZIP Pat N. Harper 30911 Lost Meadow Absecon, NJ 08201 | | 7. Winnings from identical wagers | 8. Cashier 2718 | |
| | | 9. Winner's taxpayer identification no. 322-XX-XXXX | 10. Window | 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 4, attach this copy to your return. |
| | | 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 **W-2G**