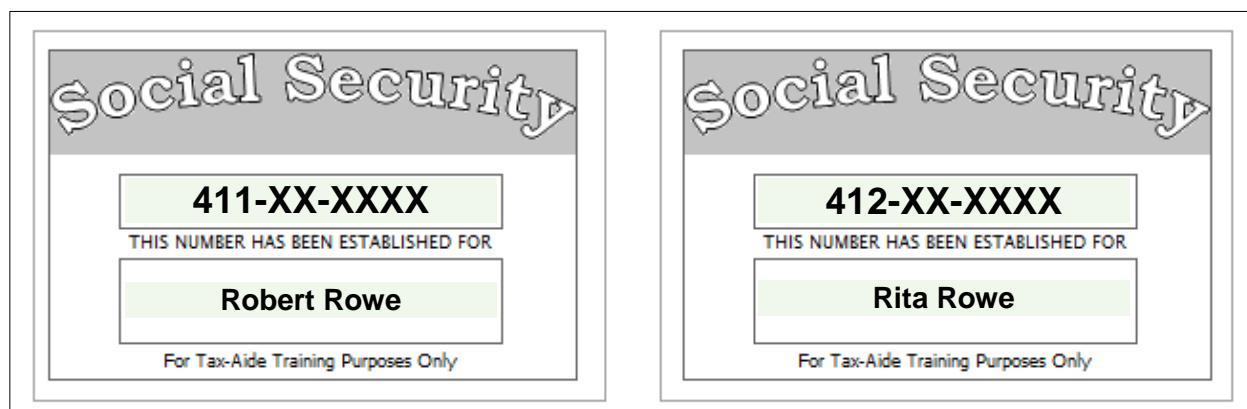


## N14-P1 Rowe Scenario



### Interview Notes

1. Last year's return: a) they did not itemize; b) they had no capital loss carryovers.
2. The Rowe's contribution to the Gubernatorial Election Campaign Fund should be handled the same way as their contribution to the Presidential Election Campaign Fund.
3. Robert received an End-of-Year Tax Statement from his brokerage. There were no Interest or Dividend amounts to report.
4. Robert had Medicare Part A with his Social Security, but did not have Medicare Part B or Part D because, as a retired public safety officer, he had extra insurance paid directly as part of his pension.
5. Rita bought Medical insurance through the Marketplace.
6. They made a \$12,000 cash contribution to their church as part of the capital drive.
7. They did not make any out of state purchases for which they would owe Use Tax.
8. Robert and Rita live rent-free with their daughter, Anne Howe. (Nevertheless, they provide more than half of their own support.)
9. The Rowes would like any NJ refund/amount due handled the same as their federal return.
10. They have had no involvement of any kind with foreign financial institutions.

# N14-P1 Rowe Scenario

## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

**2014**

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

Box 1. Name <b>ROBERT ROWE</b>		Box 2. Beneficiary's Social Security <b>411-XX-XXXX</b>	
Box 3. Benefits Paid in 2014 <b>14,000.00</b>	Box 4. Benefits Repaid to SSA in <b>0.00</b>	Box 5. Net Benefits Paid for 2014 (Box 3 minus Box 4) <b>14,000.00</b>	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit <b>14,000.00</b> Medicare Part B premiums deducted from your benefits Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions <b>0.00</b> Benefits for 2014 <b>14,000.00</b>  Benefits for 2013 Benefits for 2012 Benefits for 2011		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>  Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>  Box 7. Address <b>Robert Rowe</b> <b>123 Maple</b> <b>Pluckemin, NJ 07978</b>  Box 8. Claim Number (use this number if you need to contact SSA)	

Form **SSA-1099-SM**

**CORRECTED (if checked)**

PAYER'S name, address, city, state, ZIP code <b>Acme Government Services</b> <b>123 Main</b> <b>Pluckemin, NJ 07978</b>		1 Gross distribution <b>25,000.00</b>	<div style="font-size: 2em; font-weight: bold;">2014</div> <div style="font-weight: bold;">Form 1099-R</div>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S Federal identification number <b>40-5XXXXXX</b>		2a Taxable amount <b>25,000.00</b>			
RECIPIENT'S name, address, city, state, ZIP code <b>Robert Rowe</b> <b>123 Maple</b> <b>Pluckemin, NJ 07978</b>	RECIPIENT'S identification number <b>411-XX-XXXX</b>	3 Capital gain (included in box 2a). <b>750.00</b>	4 Federal income tax withheld <b>750.00</b>		<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>  This information is being furnished to the Internal Revenue Service
5 Employee contributions / Designated Roth contributions or insurance premiums <b>2,500.00</b>		6 Net unrealized appreciation in employer's securities	7 Distribution Code(s) <b>7</b>		
8 Other		9a Your percentage of total distribution			
9b Total Employee Contributions		10. Amount allocable to IRR within 5 years			
11. 1st year of desig, Roth contrib.		12. State tax withheld		13. State/Payer's state no.	
14. State Distribution		15. Local tax withheld		16. Name of Locality	
Account number (see instructions)		17. Local Distribution			

Form **1099-R**

## N14-P1 Rowe Scenario

Ronald Jones	End of Year Tax Information Statement Account 203040506	Statement Date: 02-10-2015 Document ID: TQ4Y4022M8J	2014
123 Main Street P.O. Box 07978-123 Pluckemin, NJ 07978  PAYER'S Federal ID No: <b>34-9XXXXXX</b>	Robert Rowe 123 Maple Pluckemin, NJ 07978  RECIPIENT'S ID No: <b>411-XX-XXXX</b>	Your Broker: SERGE BRONSKI 888-555-5555 sbronski@rjones.com	

Page 2 of 8

### Proceeds From Broker and Barter Exchange Transactions – 1099-B

1c – Short-Term Transactions / 6 – Covered (tax lot for which cost basis is reported to the IRS)  
Report on Form 8949, Part I, with Box A checked

**8 – Description / CUSIP / 1d - Symbol**

1a – Date of Sale or exchange	1e – Quantity	2a – Proceeds of stocks, bonds, etc.	1b – Date of acquisition	3 – Cost or other basis	5 – Wash Sale loss disallowed	Gain or loss(-)	Additional Information
These columns are not reported to the IRS							
Blackberry Limited / CUSIP: 09228F-10-3 / Symbol: BBRY							
09-30-2014	485.909	3,872.69	07-01-2014	5,000.00	152.34	-974.97	Sale
Apple Inc. / CUSIP: 037833100 / Symbol: AAPL							
09-30-2014	24.585	11,752.70	07-01-2014	10,000.00	0.00	1,752.70	Sale
<b>Totals:</b>		<b>15,625.39</b>		<b>15,000.00</b>	<b>0.00</b>	<b>777.73</b>	

1c – Long-Term Transactions / 6 – NonCovered (tax lot for which cost basis is NOT reported to the IRS)  
Report on Form 8949, Part II, with Box E checked

**8 – Description / CUSIP / 1d - Symbol**

1a – Date of Sale or exchange	1e – Quantity	2a – Proceeds of stocks, bonds, etc.	1b – Date of acquisition	3 – Cost or other basis	5 – Wash Sale loss disallowed	Gain or loss(-)	Additional Information
These columns are not reported to the IRS							
Blackberry Limited / CUSIP: 09228F-10-3 / Symbol: BBRY							
01-02-2014	17.065	200.00	12-30-2004	1,414.68	0.00	-1,214.68	Sale
Apple Inc. / CUSIP: 037833100 / Symbol: AAPL							
12-30-2014	23.439	13,000.00	12-30-2002	329.81	0.00	12,670.19	Sale
<b>Totals:</b>		<b>13,200.00</b>		<b>1,744.49</b>	<b>0.00</b>	<b>11,455.51</b>	

Note: For 2a – Proceeds of stocks, bonds, etc. – All values are less commissions

Note: For 6 – NonCovered tax lots, values for "Date of acquisition," "Cost or other basis," and "Wash sales loss disallowed" are provided for you reference are NOT reported to the IRS

# N14-P1 Rowe Scenario

Form <b>1095-A</b>  Department of the Treasury Internal Revenue Service	<b>Health Insurance Marketplace Statement</b>  ▶ Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .	OMB No. 1545-2232  <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
		<input type="checkbox"/> CORRECTED

### Part I Recipient Information

1 Marketplace identifier MI-101	2 Marketplace-assigned policy number 101-23456	3 Policy issuer's name Acme Health System
4 Recipient's name Rita Rowe		5 Recipient's SSN 412-xx-xxxx
7 Recipient's spouse's name		6 Recipient's date of birth 08-09-1954
		8 Recipient's spouse's SSN
		9 Recipient's spouse's date of birth
10 Policy start date 01-01-2014	11 Policy termination date 12-31-2014	12 Street address (including apartment no.) 123 Maple
13 City or town Pluckemin	14 State or Province NJ	15 Country and ZIP or foreign postal code 07978

### Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 Rita Rowe	412-xx-xxxx	08-09-2014	01-01-2014	12-31-2014
17				
18				
19				
20				

### Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	400.00	450.00	0.00
22 February	400.00	450.00	0.00
23 March	400.00	450.00	0.00
24 April	400.00	450.00	0.00
25 May	400.00	450.00	0.00
26 June	400.00	450.00	0.00
27 July	400.00	450.00	0.00
28 August	400.00	450.00	0.00
29 September	400.00	450.00	0.00
30 October	400.00	450.00	0.00
31 November	400.00	450.00	0.00
32 December	400.00	450.00	0.00
33 Annual Totals	4,800.00	5,400.00	0.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q **Form 1095-A** (2014)