

# N14-P5 Jilley Scenario



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### Interview Notes

1. Last year's return: a) did not itemize; b) had no capital loss carryovers, c) got a refund on the NJ return.
2. Jane's contribution to the Gubernatorial Election Campaign Fund should be handled the same way as her contribution to the Presidential Election Campaign Fund.
3. Jane has been divorced from her ex-husband, George Gilley, for two years. He pays her \$600 per month in child support.
4. Jane and George have two children: Geoff and Janine Gilley. Both children lived with their mother, Jane, all year. She provided all their support.
5. Jane provided Form 8332 (Release of Claim of Exemption) to George allowing George to claim their son, Geoff, on George's return.
6. Jane purchased health insurance for herself and the two children via the Marketplace. She provided a copy of her Form 1095-A to George. George and Jane have agreed to use an allocation percentage of 90% to Jane and 10% to George.
7. Jane did not make any out of state purchases for which he would owe Use Tax.
8. She paid rent of \$12,000 last year.
9. She would like any NJ refund/amount due to be handled the same as her federal return.
10. She has had no involvement of any kind with foreign financial institutions.

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		a. Employee's social security number <b>422-XX-XXXX</b>				
b. Employer Identification number (EIN) <b>40-8XX-XXXX</b>		1. Wages, tips, other compensation <b>24,000.00</b>		2. Federal income tax withheld <b>600.00</b>		
c. Employer's name, address, city state and ZIP Code <b>Acme Corp 123 Main Pluckemin, NJ 07978</b>		3. Social security wages <b>24,000.00</b>		4. Social security tax withheld <b>1,488.00</b>		
		5. Medicare wages and tips <b>24,000.00</b>		6. Medicare tax withheld <b>348.00</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>Jane Jilley 123 Maple Pluckemin, NJ 07978</b>		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other UI <b>102.00</b> DI <b>91.00</b> FLI <b>24.00</b>		12c.		
				12c.		
15. State <b>NJ</b>	Employer's state ID number <b>408123456</b>	16. State wages, tips, etc. <b>24,000.00</b>	17. State income tax <b>120.00</b>	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form **W-2** 2014

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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>		
<div style="background-color: #f2f2f2; padding: 2px;"><b>Part I Recipient Information</b></div>				
1 Marketplace identifier MI-101	2 Marketplace-assigned policy number 101W345678	3 Policy issuer's name Acme Health System		
4 Recipient's name Jane Jilley	5 Recipient's SSN 422-XX-XXXX	6 Recipient's date of birth 04-01-1982		
7 Recipient's spouse's name	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 Oak		
13 City or town Pluckemin	14 State or province NJ	15 Country and ZIP or foreign postal code 07978		
<div style="background-color: #f2f2f2; padding: 2px;"><b>Part II Coverage Household</b></div>				
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 Jane Jilley	422-XX-XXXX	04-01-1982	01-01-2014	12-31-2014
17 Geoff Gilley	423-XX-XXXX	04-01-2001	01-01-2014	12-31-2014
18 Janine Gilley	424-XX-XXXX	04-01-2002	01-01-2014	12-31-2014
19				
20				
<div style="background-color: #f2f2f2; padding: 2px;"><b>Part III Household Information</b></div>				
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	1,110.00	1,000.00	890.00	
22 February	1,110.00	1,000.00	890.00	
23 March	1,110.00	1,000.00	890.00	
24 April	1,110.00	1,000.00	890.00	
25 May	1,110.00	1,000.00	890.00	
26 June	1,110.00	1,000.00	890.00	
27 July	1,110.00	1,000.00	890.00	
28 August	1,110.00	1,000.00	890.00	
29 September	1,110.00	1,000.00	890.00	
30 October	1,110.00	1,000.00	890.00	
31 November	1,110.00	1,000.00	890.00	
32 December	1,110.00	1,000.00	890.00	
33 Annual Totals	13,320.00	12,000.00	10,680.00	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form **1095-A** (2014)