

PRO-P3 Fleming Review Guide

Intake Sheet, page 1, Shaded Area

1: Yes – James, N- Grete	2: No - All	3: Yes-All	4: Yes – All	5: Yes – All
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Corrections to Intake Sheet:

- Part III, Question 11 – Change answer from No to Yes
- Part III, Question 12 – Change answer from Yes to No
- Part IV, Question 7 - Change answer from Unsure to No
- Part IV, Question 11 – Change answer from Unsure to Yes

E-file created: Yes

AGI: 37,406

Refund/(Amount Owed): 797

Diagnostic:

Errors: None

Warnings:

There is a refund on the tax return and no direct deposit information has been filled in. Is this correct? (W49)

Overridden Entries:

- Overridden Entry 'FIRST2' on 'NJ Dependents Information'
- Overridden Entry 'LAST2' on 'NJ Dependents Information'
- Overridden Entry 'SSN2' on 'NJ Dependents Information'
- Overridden Entry 'BYEAR2' on 'NJ Dependents Information'

Estimated Entries: Dependent on Template used to create return

Form	Payer/Name/Line	Comment
Main Info	Present home address	356 WILKES DRIVE (not 365...)
	Email address	ANNA0733@MYMAIL.COM
	Telephone numbers	Both Daytime (201-555-1212) and Cell phone (862-555-3434)
	Taxpayer Information	Check disability box for taxpayer
	Presidential Election	Check You box
	Filing Status	4 Head of Household
	Dependents/Nondependents	Best Practice: list in order of age, youngest first (James, then Grete) James is code 0: Non-dependents Grete is code 1: Your child who lives with you DC box checked for both EIC box checked for both
St Tax Refund		See Learning Guide for detail of what's going here... (especially Line 12)
	Line 1	502

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Form	Payer/Name/Line	Comment
	Line 2	5a: 890; 5b: 655
	Line 4	0
	Line 6	8,895
	Line 7	Filing status for 2012: 4
	Line 8	0
	Line 12	-120 (negative)
	Line 14	75
1040 pg 1	Line 7	22,780 If 17,380, 1099-R [Tri-State] does not have Disability box checked.
	Box above line 10	Yes
	Line 10	75
	Line 11	Optional BP: Use Scratch Pad to document Alimony Received calculation. 2,400
1040 pg 2	Line 57	20 From form 4137 Allocated Tips
	Line 58	500
Sch C Pg1	Line C & Line D	blank
	Line F	Cash accounting
	Line G	Yes
	Line I	No
	Part I, line 1	12,176, 1099-MISC is linked to this line
	Part II, line 9	132 from Sch C page 2 Part IV
	Part II, line 27a	4,798 with each item, except car expense, listed in Part V
Sch C Pg2	Part IV	Line 43: 07-01-2010 Line 44: a=234, b=0, c=10,000 Line 45: Yes; 46: No; 47a: Yes; 47b: Yes
	Part V [Other Expenses]	Separate line for each expense. Note: WP Course ends up here as most advantageous alternative – See Learning Guide for comparison details
1099-MISC	Line 7	12,176
Sch EIC	All	Unnecessary questions unanswered e.g. 4a, 4b
Sch EIC Wkt	All	Unnecessary questions unanswered e.g. 4b, 9b, 9c, 9d
W-2 Oakwood World Herald	Line 14	NJSDI=53, NJSUI=56, NJFLI=15, NJSUI=6
	NJ Lines	Line 15: NJ; line 16: 14,598; line 17: 575

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Form	Payer/Name/Line	Comment
W-2 Butler Inc	Box next to "Please verify Federal withholding..... should be checked	
	Line 3	1944
	Line 6	37
	Line 7	588
	Line 8	250
	Line 14	NJSDIPP=62, NJSUI=11, NJFLI=2 Note: change NJSDI to NJSDIPP [Private Plan] (see also NJ-2450)
	NJ Lines	Line 15: NJ; line 16: 2,532; line 17: 201
1099-R	Tri-State Publishers	Disability box checked
2441	Line 1(c) EIN Box	Checked for Salem Day Care UnChecked for Edna Loy
	Line 2(c)	James=1,103, Grete=1,090 Should use Scratch Pad for each to calculate total expenses per child for all providers
	Line 11	504
4137	Line 3	588
	Line 4	250
	Line 13	20
All	TSJ boxes	Either T or blank
All	Scratch Pads	Description has explanation of worksheet and line linked from

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New Jersey

Form	Payer/Name/Line	Comment/Reference
NJ 1040 Pg1	County/Municipality code	0906
NJ 1040 Pg 2	Gubernatorial Fund	Taxpayer: Yes
	Line 13 Dependent's information	Should show both Grete and James
	Line 19a [Pensions, . . and IRA Withdrawals]	5,000 [From IRA Wkt (01)]
	Line 19b	0
	Line 28 [NJ Gross Income]	27,445
NJ 1040 Page 3	Line 37a [Total Property Taxes Paid]	2,160 [From Worksheet F]
	Line 37c [Property Tax Deduction]	0 [From Worksheet F]
	Line 38 [NJ Taxable Income]	23,943
	Line 48 [Total NJ Income Tax Withheld]	776
	Line 49 [Property tax credit]	50 [From Worksheet F]
	Line 53 [Excess NJ disability]	4 [From NJ 2450]
	Line 66 [Refund]	717
	Worksheet F, Line 1, Rent you paid	12,000
NJ Dep Wkt	Dependents Information	James added via override: First name: JAMES Last name: FLEMMING SSN: 243-xx-xxxx Birth year: 2006
NJ DD Wkt	Direct Deposit and Direct Debit . . .	Check to have check mailed
NJ 2450	Line 1a - Oakwood	A: 62; B: 53; C: 15 (all calculated)
NJ 2450	Line 1b - Butler	A: 11; B: 62 (via Scratch Pad); C: 2 Plan number: 9786654
	Line 2	A = 73; B = 115; C = 17
NJ IRA Wkt (01)	Part 1, Enter the copy number of the IRA	1 Removing the red fields from the remainder of the form is optional