

Fam02 - Conway

Form 13614-C (Rev. 9-2010)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964
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Section A. Page 1 and Page 2 to be completed by Taxpayer

Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions, please ask.**

You will need your:

- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

1. Your First Name <i>Charles</i>	M. I. <i>T</i>	Last Name <i>Conway</i>	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Spouse's First Name <i>Carol</i>	M. I. <i>M</i>	Last Name <i>Conway</i>	Is spouse a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address <i>910 Birch St.</i>		Apt#	City <i>Jersey City</i>
		State <i>NJ</i>	Zip Code <i>07310</i>
4. Phone Primary: <i>201-999-9999</i> Other:		E-mail <i>Conway910@mymail.net</i>	
5. Your Date of Birth <i>03/15/1980</i>	6. Your Occupation <i>Engineer</i>		7. Are you Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			8. Totally and Permanently Disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Spouse's Date of Birth <i>02/28/1982</i>	10. Spouse's Occupation <i>Teacher</i>		11. Is Spouse Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			12. Totally and Permanently Disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Can your parents or someone else claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure			
14. Other than English what language is spoken in your home? <i>None</i>			
15. Are you or a member of your household considered disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:

Single

Married: Did you live with your spouse during any part of the last six months of 2010? Yes No

Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____

Widowed: Year of spouse's death: _____

2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.
If additional space is needed please check here and use page 4 for additional information.

Name (first, last) <small>Do not enter your name or Spouse's name below.</small>	Date of Birth (mm/dd/yy)	Relationship to you (e.g. son, mother, sister)	Number of months lived in your home	US Citizen or resident of the US, Canada or Mexico (yes/no)	Single as of 12/31/10 (yes/no)	Full-time student (yes/no)	Received more than \$3650 in income (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205** or email us at **WI.Voltax@irs.gov**.

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Section A. To be completed by Taxpayer (continued)

Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)

Yes No Unsure

1. Wages or Salary? (Form(s) W-2)
2. Tip Income?
3. Scholarships? (Forms W-2, 1098-T)
4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
6. Alimony Income?
7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
11. Unemployment Compensation? (Form(s) 1099-G)
12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
13. Income (profit or loss) from Rental Property?
14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: _____
(Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)

Yes No Unsure

1. Alimony: If yes, do you have the recipient's SSN? Yes No
2. Contributions to a retirement account? IRA Roth IRA 401K Other
3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
4. Unreimbursed employee business expenses (such as mileage)?
5. Medical expenses?
6. Home mortgage interest?
7. Real estate taxes for your home or personal property taxes?
8. Charitable contributions?
9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work?

Part V. Life Events – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)

Yes No Unsure

1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
3. Buy a home? If yes, closing date _____
4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
6. Live in an area that was affected by a natural disaster? If yes, where? _____
7. Receive the First Time Homebuyers Credit in previous years?
8. Pay any student loan interest?
9. Make estimated tax payments or apply last year's refund to your 2010 tax?
If so how much? _____
10. If you are due a refund, would you like a direct deposit or split your refund?
11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
12. If you have a balance due, would you like information about all of your payment options? (such as payment directly from your bank account, check, money order, credit/debit card or payment plan)

Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)

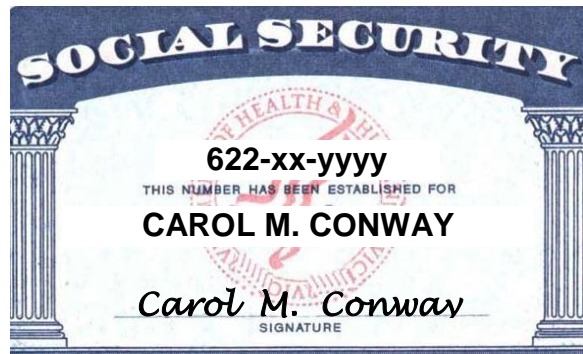
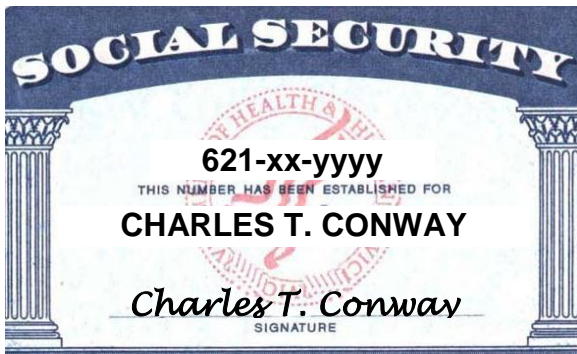
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Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for the Conways is Married Filing Jointly.
2. The Conways did not itemize deductions last year.
3. The Conways moved from an apartment in Hoboken to an apartment in Jersey City on September 30 of the current tax year. They paid \$2,000/month rent in Hoboken through September and \$1,000/month in Jersey City starting in October.
4. Charles lost his job in August of the current tax year and collected unemployment for the balance of the year.
5. In January of the tax year the Conways purchased a 50" LCD TV from Amazon.com and did not pay sales tax on the purchase amount of \$1,500.00. The sales tax amount would have been \$105.00.
6. If the Conways get a refund they want it direct deposited into their checking account. If they owe money they will pay it by check.
7. The Conways do not want to contribute to the Presidential or Gubernatorial election campaign fund.
8. By consulting your preparer resources you determine that Jersey City is located in Hudson County – NJ Code is 0906


Documents:




Charles T. & Carol M. Conway 910 Birch Street Jersey City, NJ 07310	55-760/312	2851
Pay to the Order of _____	Date _____	\$ _____
PNC BANK, N.A. NEW JERSEY 060	CHOICE PLAN	Dollars
For _____		IP
⑆ 123456789 ⑆ 12345678901 ⑆ 2851		

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		a Employee's social security number 621-xx-yyyy	OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 71-1xxyyyy		1 Wages, tips, other compensation 32,867.00	2 Federal income tax withheld 4,500.00				
c Employer's name, address, and ZIP code Vampire Engineering 32 Blood Ave. Jersey City, NJ 07310		3 Social security wages 33,867.00	4 Social security tax withheld 2,099.75				
		5 Medicare wages and tips 33,867.00	6 Medicare tax withheld 491.07				
		7 Social security tips	8 Allocated tips				
		d Control number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name Charles T. Conway 967 Water Street Hoboken, NJ 07030		11 Nonqualified plans		12a See instructions for box 12 D 1,000.00			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b				
		14 Other NJSDI 148.50 NJSUI 126.23 NJFLI 35.64		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state ID number NJ 71-1xxyyyy	16 State wages, tips, etc. 33,867.00	17 State income tax 1,020.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2010 Department of the Treasury—Internal Revenue Service							

		a Employee's social security number 622-xx-yyyy	OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 85-1xxyyyy		1 Wages, tips, other compensation 20,176.00	2 Federal income tax withheld 3,350.00				
c Employer's name, address, and ZIP code Smart Kids Charter Schools 98 Willow Lane Boston, MA 02108		3 Social security wages 20,176.00	4 Social security tax withheld 1,250.91				
		5 Medicare wages and tips 20,176.00	6 Medicare tax withheld 292.55				
		7 Social security tips	8 Allocated tips				
		d Control number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name Carol M. Conway 910 Birch St. Jersey City, NJ 07310		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b				
		14 Other NJSDI 100.88 NJSUI 85.75 NJFLI 24.21		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state ID number NJ 851xxyyyy	16 State wages, tips, etc. 20,176.00	17 State income tax 403.52	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2010 Department of the Treasury—Internal Revenue Service							

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CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor PO Box 908 Trenton, NJ 08625		1 Unemployment compensation \$ 9,860.10	OMB No. 1545-0120 <div style="font-size: 2em; font-weight: bold; text-align: center;">2010</div> Form 1099-G	Certain Government Payments
PAYER'S federal identification number 22-2481818	RECIPIENT'S identification number 621-xx-yyyy	3 Box 2 amount is for tax year \$	4 Federal income tax withheld \$ 986.01	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.
RECIPIENT'S name Charles T. Conway		5 ATAA payments \$	6 Taxable energy grants \$	
Street address (including apt. no.) 910 Birch St.		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	
City, state, and ZIP code Jersey City, NJ 07310		9 Market gain \$		
Account number (see instructions)		10a State	10b State identification no.	11 State income tax withheld
Form 1099-G		(keep for your records)		Department of the Treasury - Internal Revenue Service