

# Fam 03 - Gallo

Form <b>13614-C</b> (Rev. 9-2010)	Department of the Treasury – Internal Revenue Service <b>Intake/Interview &amp; Quality Review Sheet</b>	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>Shirley</i>	M. I. <i>A</i>	Last Name <i>Gallo</i>	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing Address <i>2715 Amos St., Apt. 6A</i>		Apt#	City <i>Manahawkin</i>	State <i>NJ</i>
Zip Code <i>08050</i>		4. Phone Primary: <i>609-555-5555</i> Other: _____		
E-mail <i>sgallo@mymail.com</i>		5. Your Date of Birth <i>07/01/1991</i>		
6. Your Occupation <i>Student</i>		7. Are you Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. Spouse's Date of Birth		8. Totally and Permanently Disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Spouse's Occupation		11. Is Spouse Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Spouse's Date of Birth		12. Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Can your parents or someone else claim you or your spouse on their tax return? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
14. Other than English what language is spoken in your home? _____				
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)

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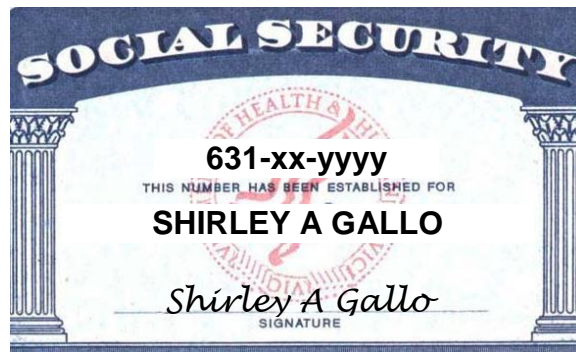
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### Interview Notes:

1. Shirley worked part time to earn spending money.
2. Shirley is single and living with her parents while she attends college full time.
3. Shirley is totally supported by her parents
4. Shirley did not itemize deductions last year.
5. Shirley does not want to contribute to the Presidential of Gubernatorial election campaign fund.
6. If Shirley gets a refund she wants it mailed to her home
7. By consulting your preparer resources you determine that the correct filing status for Shirley is Single.
8. By consulting your preparer resources you determine that Manahawkin is located in Ocean County – NJ Code is 1531
9. Shirley had no out-of-state purchases on which she did not pay Use tax.

### Documents:



<b>a Employee's social security number</b> <b>631-xx-yyyy</b>		Safe, accurate, FAST! Use  Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b Employer identification number (EIN)</b> <b>44-0xxyyyy</b>		<b>1 Wages, tips, other compensation</b> <b>4311.68</b>	<b>2 Federal income tax withheld</b> <b>104.00</b>
<b>c Employer's name, address, and ZIP code</b> <b>The Kansas City Steak House</b> <b>341 Johnson Blvd</b> <b>Kansas City, MO 64141</b>		<b>3 Social security wages</b> <b>4311.68</b>	<b>4 Social security tax withheld</b> <b>267.32</b>
<b>d Control number</b>		<b>5 Medicare wages and tips</b> <b>4311.68</b>	<b>6 Medicare tax withheld</b> <b>62.52</b>
<b>e Employee's first name and initial Last name</b> <b>Shirley A Gallo</b> <b>2715 Amos St., Apt. 6A</b> <b>Manahawkin, NJ 08050</b>		<b>7 Social security tips</b>	<b>8 Allocated tips</b>
<b>f Employee's address and ZIP code</b>		<b>9 Advance EIC payment</b>	<b>10 Dependent care benefits</b>
<b>15 State</b> <b>NJ</b> <b>Employer's state ID number</b> <b>440xxyyyy</b>		<b>11 Nonqualified plans</b>	
<b>16 State wages, tips, etc.</b> <b>4311.68</b>		<b>12a See instructions for box 12</b>	
<b>17 State income tax</b> <b>19.00</b>		<b>12b</b>	
<b>18 Local wages, tips, etc.</b>		<b>12c</b>	
<b>19 Local income tax</b>		<b>12d</b>	
<b>20 Locality name</b>		<b>13 Statutory employee Retirement plan Third-party sick pay</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>14 Other</b> <b>NJSDI 21.56</b> <b>NJSUI 18.32</b> <b>NJFLI 5.17</b>		<b>19 Local income tax</b>	
<b>20 Locality name</b>		<b>20 Locality name</b>	

Form **W-2** Wage and Tax Statement

2010

Department of the Treasury—Internal Revenue Service