

Fam04 - Patterson

Form 13614-C (Rev. 9-2010)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964
--------------------------------------	---	-----------------

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>Fred</i>	M. I. <i>P</i>	Last Name <i>Patterson</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>3717 Baxter St.</i>	Apt#	City <i>Denville</i>	State <i>NJ</i> Zip Code <i>07834</i>
4. Phone Primary: <i>973-222-1212</i> Other: <i>862-555-0004</i>		E-mail	
5. Your Date of Birth <i>09/11/43</i>	6. Your Occupation <i>Retired</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	10. Spouse's Occupation	11. Is Spouse Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	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 type="checkbox"/> Yes <input checked="" 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**.

Fam04 - Patterson

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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form(s) W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Scholarships? (Forms W-2, 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Unemployment Compensation? (Form(s) 1099-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Income (profit or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Alimony: If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Unreimbursed employee business expenses (such as mileage)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Medical expenses?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Home mortgage interest?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Real estate taxes for your home or personal property taxes?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Charitable contributions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Buy a home? If yes, closing date _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Receive the First Time Homebuyers Credit in previous years?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Pay any student loan interest?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Make estimated tax payments or apply last year's refund to your 2010 tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. If you are due a refund, would you like a direct deposit or split your refund?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)

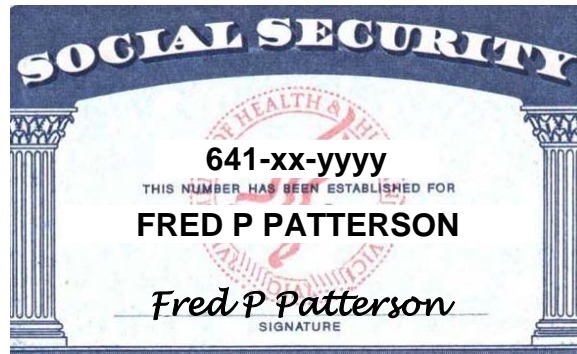
2

Fam04 - Patterson

Interview Notes:

1. By consulting your preparer resources you determine that the correct filing status for Fred is Single.
2. Fred does not have last year's return for you to look at, but is sure that he did not itemize deductions last year.
3. Fred does not want to contribute to the Presidential or Gubernatorial election campaign fund.
4. Fred owns his home in Denville and paid \$9,578.00 in property tax.
5. Fred does not have a mortgage on his home.
6. Fred did not receive any property tax rebates in 2010.
7. Fred had no foreign financial interests or involvement.
8. By consulting your preparer resources you determine that Denville is located in Morris County – NJ Code 1408
9. Fred had no out-of-state purchases on which he did not pay Use tax.
10. If Fred is getting a refund, he wants it mailed to his home.
11. If Fred owes money, he will mail in a check.

Documents:



Fam04 - Patterson

a Employee's social security number 641-xx-yyyy		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 64-9xxxxxx			1 Wages, tips, other compensation 14,678.00		2 Federal income tax withheld 1,468.00			
c Employer's name, address, and ZIP code Franciscan Oaks 19 Pocono Road Denville, NJ 07834			3 Social security wages 14,678.00		4 Social security tax withheld 910.04			
			5 Medicare wages and tips 14,678.00		6 Medicare tax withheld 212.83			
			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 Suff. Fred P Patterson 3717 Baxter St. Denville, NJ 07834			11 Nonqualified plans		12a See instructions for box 12			
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
			14 Other NJSDI 73.39 NJSUI 62.38 NJFLI 17.61		12c			
					12d			
f Employee's address and ZIP code			15 State Employer's state ID number NJ 64-9xxxxxx		16 State wages, tips, etc. 14,678.00		17 State income tax 55.00	
			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

<input type="checkbox"/> CORRECTED (if checked)		PAYER'S name, street address, city, state, ZIP code, and telephone no. National City Bank 15 Main Street Denville, NJ 07834		Payer's RTN (optional)		OMB No. 1545-0112	
				1 Interest income \$ 1951.57		2010 Interest Income	
				2 Early withdrawal penalty \$		Form 1099-INT	
PAYER'S federal identification number 64-8xxxxxx		RECIPIENT'S identification number 641-xx-yyyy		3 Interest on U.S. Savings Bonds and Treas. obligations \$			
RECIPIENT'S name 3717 Baxter St. Denville, NJ 07834 City, state, and ZIP code Denville, NJ 07834 Account number (see instructions)		4 Federal income tax withheld \$		5 Investment expenses \$		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.	
		6 Foreign tax paid \$		7 Foreign country or U.S. possession			
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$			
		10 Tax-exempt bond CUSIP no. (see instructions)					

Form 1099-INT (keep for your records) Department of the Treasury - Internal Revenue Service

Fam04 - Patterson

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2010 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name Fred P. Patterson		Box 2. Beneficiary's Social Security Number 641-xx-yyyy
Box 3. Benefits Paid in 2010 12,682.00	Box 4. Benefits Repaid to SSA in 2010 NONE	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) 12,682.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit 10,257.20 Medicare Part B premiums deducted from your benefit 1,156.80 Medicare Prescription Drug premiums (part D) deducted from your Benefits Voluntary federal income tax withheld 1,268.00 Total Additions 12,682.00 Benefits for 2010 12,682.00		DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center;">NONE</p>
		Box 6. Voluntary Federal Income Tax Withheld 1,268.00
		Box 7. Address Fred P. Patterson 3717 Baxter St. Denville, NJ 07834
		Box 8. Claim Number (Use this number if you need to contact SSA.)

Form SSA-1099-SM (1-2011)

DO NOT RETURN THIS FORM TO SSA OR IRS