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: Troy | M. I.: H | Last Name: McCook | Are you a U.S. Citizen? [X] Yes [ ] No
2. Spouse's First Name: Yvonne | M. I.: | Last Name: McCook | Is spouse a U.S. Citizen? [X] Yes [ ] No
3. Mailing Address: 30911 Charles Busby Road | Apt#: | City: Paterson | State: NJ | Zip Code: 07524
4. Phone Primary: 973-444-5555 Other: | E-mail:
5. Your Date of Birth: 09/11/1936
6. Your Occupation: Retired
7. Are you Legally Blind [ ] Yes [X] No
8. Totally and Permanently Disabled [ ] Yes [X] No
9. Spouse's Date of Birth: 10/07/1939
10. Spouse's Occupation: Retired
11. Is Spouse Legally Blind [ ] Yes [X] No
12. Totally and Permanently Disabled [ ] Yes [X] No
13. Can your parents or someone else claim you or your spouse on their tax return? [ ] Yes [X] No [ ] Unsure
14. Other than English what language is spoken in your home? Spanish
15. Are you or a member of your household considered disabled? [ ] Yes [X] No

Part II. Family and Dependent Information

1. As of December 31, 2010, your marital status was:
   - [ ] Single
   - [X] Married: Did you live with your spouse during any part of the last six months of 2010? [X] 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) Do not enter your name or Spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (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.**

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)

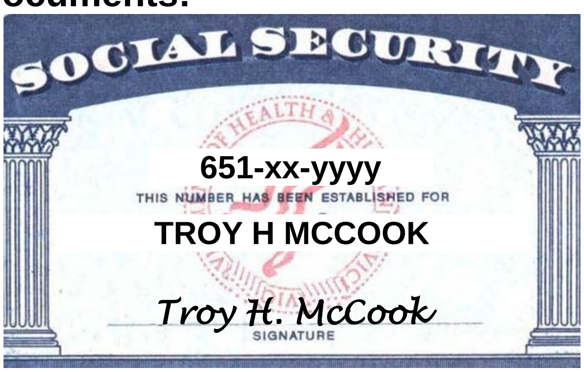
Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
☐	☒	☐	3. Buy a home? If yes, closing date ____________
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a 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)

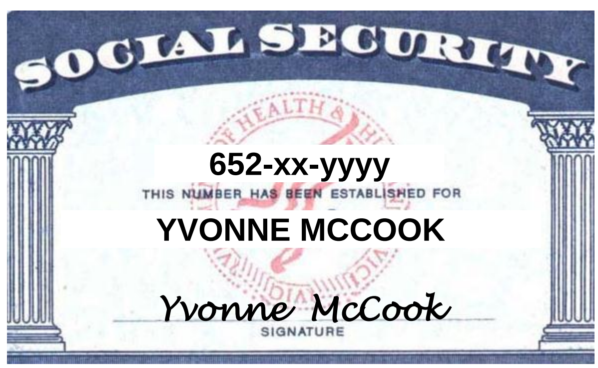
Fam05 - McCook

Interview Notes:

1. **By consulting your preparer resources you determine that the correct filing status for the McCooks is Married Filing Jointly.**
2. **The McCooks lost last year's federal and NJ return, bu assure you that they did not itemize deductions last year.**
3. **Troy does not want to contribute to the Presidential or Gubernatorial election campaign fund.**
4. **Yvonne does want to contribute to the Presidential and Gubernatorial election campaign fund.**
5. **The McCooks do not own a home. They paid rent of $12,500.00 for the year.**
6. **If the McCooks get a refund from their federal or state returns, they want it direct deposited into their checking account. A blank check is provided with the account information.**
7. **If the McCooks have to pay taxes to the federal or state, they will send a check.**
8. **By consulting your preparer resources you determine that Paterson is located in Passaic County – NJ Code 1608**
9. **The McCooks had no out-of-state purchases on which they did not pay Use tax.**
10. **The value of Troy's Ameritech IRA on Dec 31, 2010 was $137,255. Unfortunately, the McCooks do not have no way to get any information on Troy's contributions to or prior year distributions from his Ameritech IRA.**

Documents:





Troy & Yvonne McCook
30911 Charles Busby Road
Paterson, NJ 07524

3001

Date ______

Pay to the Order of ______ $

______ Dollars

PNC BANK, N.A.
NEW JERSEY 060

For ______

⑆098309175 ⑆ 8508839921 ⑈ 3001

PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. **Oppenheimer Fund** **PO Box 5270** **Denver, CO 80217**	1a Total ordinary dividends $ **500.00** 1b Qualified dividends $ **500.00**	OMB No. 1545-0110 2010 Form 1099-DIV	**Dividends and Distributions**
	2a Total capital gain distr. $ **100.00**	2b Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number **65-9xxyyyy** / RECIPIENT'S identification number **651-xx-yyyy**	2c Section 1202 gain $	2d Collectibles (28%) gain $	
RECIPIENT'S name **Troy H. McCook**	3 Nondividend distributions $	4 Federal income tax withheld $ **50.00**	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.
		5 Investment expenses $	
Street address (including apt. no.) **90911 Charles Busby Road**	6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code **Paterson, NJ 07524**	8 Cash liquidation distributions $	9 Noncash liquidation distributions $	
Account number (see instructions)			

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

Fam05 - McCook

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	**Phoenix Investment Partners** **101 Munson Street** **Greenfield, MA 01301**
1 Gross distribution	$ 12,250.00
2a Taxable amount	$ 12,250.00
OMB No. 1545-0119	2010 Form 1099-R
	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☐
PAYER'S federal identification number	65-8xxyyyy
RECIPIENT'S identification number	652-x-yyyy
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,225.00
RECIPIENT'S name	**Yvonne McCook**
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	**30911 Charles Busby Road**
7 Distribution code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	$ %
City, state, and ZIP code	**Paterson, NJ 07524**
9a Your percentage of total distribution	%
9b Total employee contributions	$
1st year of desig. Roth contrib.	
10 State tax withheld	$ $
11 State/Payer's state no.	
12 State distribution	$ $
Account number (see instructions)	
13 Local tax withheld	$ $
14 Name of locality	
15 Local distribution	$ $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	**Ameritech Pension Trust** **PO Box 1389** **Boston, MA 02104**
1 Gross distribution	$ 13,223.00
2a Taxable amount	$ 13,223.00
OMB No. 1545-0119	2010 Form 1099-R
	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined ☐	Total distribution ☐
PAYER'S federal identification number	65-7xxyyyy
RECIPIENT'S identification number	651-x-yyyy
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,323.00
RECIPIENT'S name	**Troy McCook**
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	**30911 Charles Busby Road**
7 Distribution code(s)	7
IRA/ SEP/ SIMPLE	X
8 Other	$ %
City, state, and ZIP code	**Paterson, NJ 07524**
9a Your percentage of total distribution	%
9b Total employee contributions	$
1st year of desig. Roth contrib.	
10 State tax withheld	$ $
11 State/Payer's state no.	
12 State distribution	$ $
Account number (see instructions)	
13 Local tax withheld	$ $
14 Name of locality	
15 Local distribution	$ $

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** Department of the Treasury - Internal Revenue Service

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		Box 2. Beneficiary's Social Security Number
Troy H. McCook		**651-xx-yyyy**
Box 3. Benefits Paid in 2010	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)*
12,765.00	**NONE**	**12,765.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$10,331.70
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	$1,276.50
Total Additions	$12,765.00
Benefits for 2010	$12,765.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

1,276.50

Box 7. Address

Troy H. McCook
30911 Charles Busby Road
Paterson, NJ 07524

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**

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		Box 2. Beneficiary's Social Security Number
Yvonne McCook		**652-xx-yyyy**
Box 3. Benefits Paid in 2010	Box 4. Benefits Repaid to SSA in 2010	Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)*
10,200.00	**NONE**	**10,200.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$8,023.20
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	$1,020.00
Total Additions	$10,200.00
Benefits for 2010	$10,200.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

1,020.00

Box 7. Address

Yvonne McCook
30911 Charles Busby Road
Paterson, NJ 07524

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**