

# Fam06 - Barufkin

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>Joshi</i>	M. I.	Last Name <i>Barufkin</i>	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Spouse's First Name <i>Anshu</i>	M. I.	Last Name <i>Nagesh</i>	Is spouse a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address <i>876 Kealing Ave.</i>	Apt# <i>9A</i>	City <i>Wyckoff</i>	State <i>NJ</i> Zip Code <i>07481</i>
4. Phone Primary: <i>201-555-2345</i> Other: _____		E-mail	
5. Your Date of Birth <i>11/18/1976</i>	6. Your Occupation <i>Bus Driver</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>08/07/1978</i>	10. Spouse's Occupation <i>Custodian</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>Hindustani</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)
<i>Alice Nagesh</i>	<i>04/14/01</i>	<i>Daughter</i>	<i>12</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>
<i>Samual Barufkin</i>	<i>01/06/04</i>	<i>Son</i>	<i>12</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>No</i>

- 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**

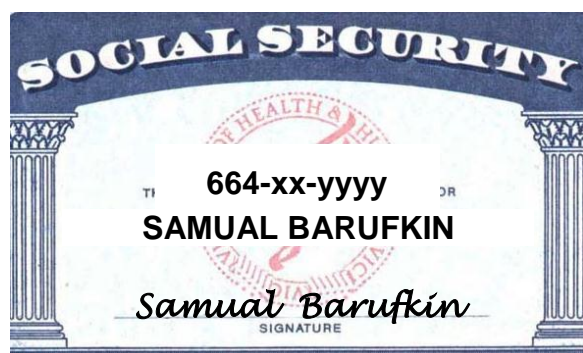
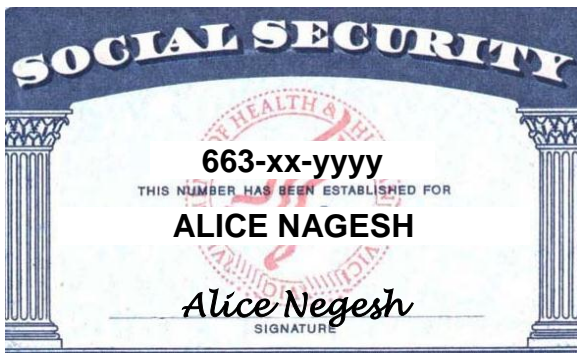
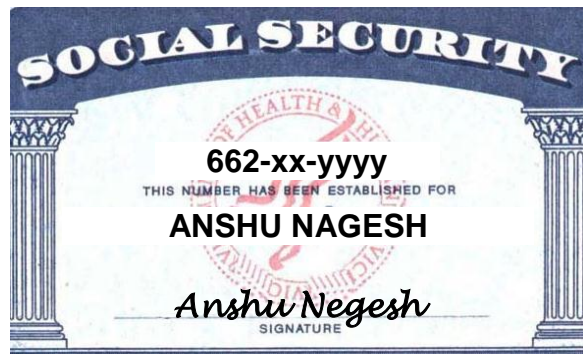
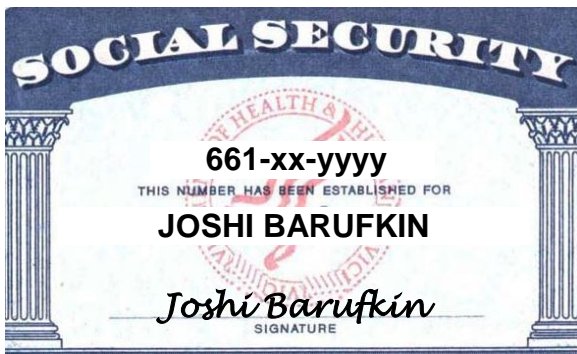
1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)
3. Buy a home? If yes, closing date \_\_\_\_\_
4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? \_\_\_\_\_
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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### Interview Notes:


1. By consulting your preparer resources you determine that the correct filing status for the Barufkins is Married Filing Jointly.
2. Joshi & Anshu provide full support for Alice & Samual.
3. After examining last year's return, you determine that the Barufkins did not itemize deductions last year.
4. The Barufkins paid \$15,200 in rent for the year.
5. Joshi & Anshu will both contribute to the Presidential and Gubernatorial election campaign funds.
6. The Barufkins are US citizens (i.e. they are not non-resident aliens).
7. Neither of the Barufkins can be a qualifying child of another person for EIC purposes. No other person can claim either child for EIC.
8. The SSN for both children is valid for EIC purposes.
9. The Barufkins have never had their EIC reduced or disallowed.
10. The Barufkins would like any refunds to be paid by a check. The Barufkins will mail in any amounts owed.
11. By consulting your preparer resources you determine that Wyckoff is located in Bergen County – NJ Code 0270
12. The Barufkins had no out-of-state purchases on which they did not pay Use tax.
13. Both children are covered by health insurance.

### Documents:



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		<b>a</b> Employee's social security number <b>662-xx-yyyy</b>	OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>			
<b>b</b> Employer identification number (EIN) <b>66-9xx-yyyy</b>			<b>1</b> Wages, tips, other compensation <b>13,180.00</b>	<b>2</b> Federal income tax withheld <b>275.00</b>						
<b>c</b> Employer's name, address, and ZIP code <b>United Airlines</b> <b>PO Box 6610</b> <b>Chicago, IL 60610</b>			<b>3</b> Social security wages <b>13,180.00</b>	<b>4</b> Social security tax withheld <b>817.16</b>						
			<b>5</b> Medicare wages and tips <b>13,180.00</b>	<b>6</b> Medicare tax withheld <b>191.11</b>						
			<b>7</b> Social security tips	<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>Anshu Nagesh</b>		Last name <b>876 Kealing Ave.</b>		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
<b>876 Kealing Ave.</b> <b>Wyckoff, NJ 07481</b>						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		
						<b>14</b> Other		<b>12c</b>		
						<b>NJSDI 65.90</b>		<b>12d</b>		
						<b>NJSUI 56.02</b>				
<b>NJFLI 15.82</b>										
<b>f</b> Employee's address and ZIP code										
<b>15</b> State <b>NJ</b>	Employer's state ID number <b>669xyyyy</b>	<b>16</b> State wages, tips, etc. <b>13,180.00</b>	<b>17</b> State income tax <b>260.00</b>	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name				
<b>Form W-2 Wage and Tax Statement 2010</b> <span style="float: right;">Department of the Treasury—Internal Revenue Service</span>										

		<b>a</b> Employee's social security number <b>661-xx-yyyy</b>	OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>			
<b>b</b> Employer identification number (EIN) <b>66-9xyyyy</b>			<b>1</b> Wages, tips, other compensation <b>22,810.49</b>	<b>2</b> Federal income tax withheld <b>2,281.00</b>						
<b>c</b> Employer's name, address, and ZIP code <b>United Airlines</b> <b>PO Box 6610</b> <b>Chicago, IL 60610</b>			<b>3</b> Social security wages <b>22,810.49</b>	<b>4</b> Social security tax withheld <b>1,414.25</b>						
			<b>5</b> Medicare wages and tips <b>22,810.49</b>	<b>6</b> Medicare tax withheld <b>330.75</b>						
			<b>7</b> Social security tips	<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>Joshi Barufkin</b>		Last name <b>876 Kealing Ave.</b>		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		
<b>876 Kealing Ave.</b> <b>Wyckoff, NJ 07481</b>						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		
						<b>14</b> Other		<b>12c</b>		
						<b>NJSDI 114.05</b>		<b>12d</b>		
						<b>NJSUI 96.94</b>				
<b>NJFLI 27.37</b>										
<b>f</b> Employee's address and ZIP code										
<b>15</b> State <b>NJ</b>	Employer's state ID number <b>669xyyyy</b>	<b>16</b> State wages, tips, etc. <b>22,810.49</b>	<b>17</b> State income tax <b>684.00</b>	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name				
<b>Form W-2 Wage and Tax Statement 2010</b> <span style="float: right;">Department of the Treasury—Internal Revenue Service</span>										