

Fam07 - Jackson

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>Justine</i>	M. I.	Last Name <i>Jackson</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>110 Main St.</i>	Apt#	City <i>Tuckerton</i>	State <i>NJ</i> Zip Code <i>08087</i>
4. Phone Primary: <i>609-555-5556</i> Other:	E-mail <i>jjackson@mymail.com</i>		
5. Your Date of Birth <i>05/10/1985</i>	6. Your Occupation <i>Customer Serv.</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: *06/16/2008*
- 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.	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>Elizabeth Jackson</i>	<i>4/4/02</i>	<i>Daughter</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**.

Fam07 - Jackson

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)

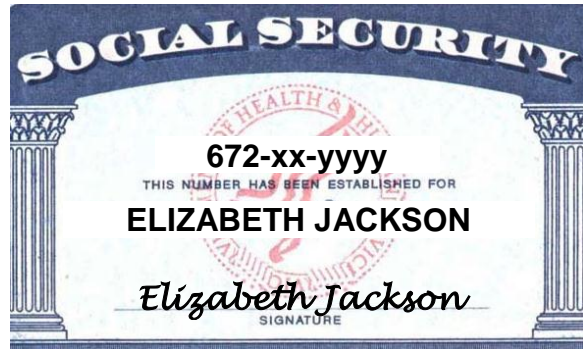
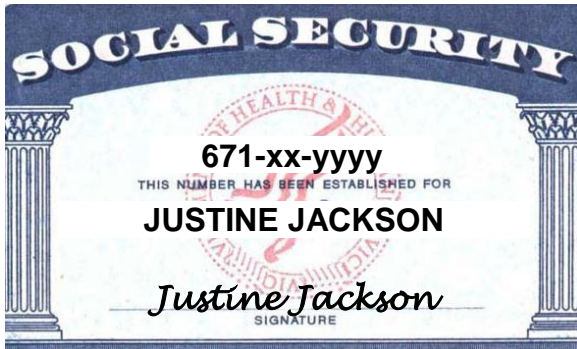
2



Fam07 - Jackson

Interview Notes:


1. By consulting your preparer resources you determine that the correct filing status for Justine is Head of Household.
2. Justine lives with her mother (rent-free), but provides all support for Lizzy.
3. Justine paid \$678.00 in student loan interest.
4. Justine brought a copy of last year's return with her – you look at it and determine that she did not itemize deductions last year.
5. Justine does not want to contribute to the Presidential of Gubernatorial election campaign fund.
6. Justine is a US citizen (i.e. she is not a non-resident alien). Justine cannot be a qualifying child of another person for EIC purposes. No other person can claim Elizabeth for EIC. The SSN for Elizabeth is valid for EIC purposes. Justine has never had her EIC reduced or disallowed.
7. If Justine gets a refund she wants it direct deposited into her checking account. You can examine a check from her checkbook to get the required information. If Justine owes she would like to mail a check.
8. By consulting your preparer resources you determine that Tuckerton is located in Ocean County – NJ Code 1533
9. Justine had no out-of-state purchases on which she did not pay Use tax.

Documents:



Justine Jackson		2851
110 Main Street		
Tuckerton, NJ 08087		Date _____
Pay to the Order of _____	\$ _____	
PNC BANK, N.A. NEW JERSEY 060		Dollars  Security Features Details on Back 
For _____	EIP	
⑆234567890 ⑆ 12345678901 ⑈ 2851		
PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS		

Fam07 - Jackson

a Employee's social security number 671-xx-yyyy		OMB No. 1545-0008 Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 67-9xxyyyy		1 Wages, tips, other compensation 12,821.00		2 Federal income tax withheld 675.00	
c Employer's name, address, and ZIP code Ana's Closet 546 Second Ave. Tuckerton, NJ 08087		3 Social security wages 12,821.00		4 Social security tax withheld 794.90	
		5 Medicare wages and tips 12,821.00		6 Medicare tax withheld 185.90	
		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 Justine Jackson 110 Main St Tuckerton, NJ 08087		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 64.11 NJSUI 54.49 NJFLI 15.39		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number NJ 679xxyyyy		16 State wages, tips, etc. 12,821.00	
		17 State income tax 150.00		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. NEW JERSEY DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE SERVICES PO BOX 058 TRENTON, NJ 08625-0058		1 Unemployment compensation \$ 6,375.00		OMB No. 1545-0120 2010 Form 1099-G		Certain Government Payments	
PAYER'S federal identification number 22-2481818		2 State or local income tax refunds, credits, or offsets \$					
RECIPIENT'S identification number 671-xx-yyyy		3 Box 2 amount is for tax year		4 Federal income tax withheld \$ 637.50		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 JUSTINE JACKSON		5 ATAA payments \$		6 Taxable energy grants \$			
Street address (including apt. no.) 110 MAIN ST		7 Agriculture payments \$		8 Check if box 2 is trade or business income <input type="checkbox"/>			
City, state, and ZIP code TUCKERTON NJ 08087		9 Market gain \$					
Account number (see instructions)		10a State NJ	10b State identification no.	11 State income tax withheld			

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