

# PRO-P1 – Moore

## Exercise 7 – Moore Intake and Interview Sheet, page 1 of 3

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 HILDA	M. I. M	Last Name MOORE	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 2621 Tudor Ave.	Apt#	City Livingston	State NJ      Zip Code 07039
4. Phone Primary: 352-111-xxxx      Other:		E-mail	
5. Your Date of Birth 12/29/1960	6. Your Occupation Nurse	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			

**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: 04/12/2008

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)
Deloris Moore	5/21/95	Daughter	12	Yes	Yes	Yes	No
Edna Moore	9/28/93	Daughter	12	Yes	Yes	Yes	No
Ronald Moore	5/15/88	Son	12	Yes	Yes	Yes	No

- 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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## Exercise 7 – Moore Intake and Interview Sheet, page 2 of 3

### 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: gambling  
(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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## Exercise 7 – Moore Intake and Interview Sheet, page 3 of 3

### TAXPAYER STOP HERE!

Thank you for completing this form.

#### Section B. To be Completed by Certified Volunteer Only

**Remember:** You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1 & 2 is complete. Any question marked "Unsure" must be discussed with the taxpayer and changed to "Yes" or "No".

**Must be completed ONLY if persons are listed in Part II, Question 2.**

- Yes  No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 3. Did any of the persons listed in Part II, Question 2 provide more than half of their own support? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:  
 N/A  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder**

Use Publication 17, *Your Federal Income Tax For Individuals* and Publication 4012, *Volunteer Resource Guide* in making tax law determinations.

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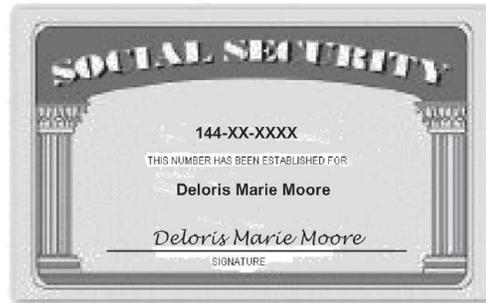
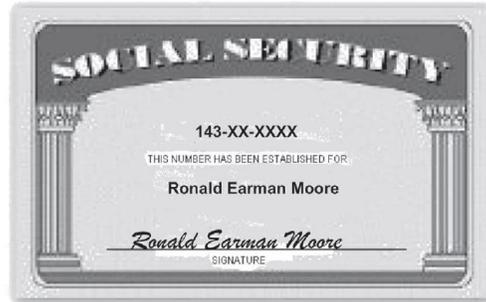
#### Section C. To be completed by a Certified Quality Reviewer

After reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer, check the final item.

1. Section A & B of this form are complete.
  2. Taxpayer's identity, address and phone number was verified.
  3. Names, SSN or ITINs, and dates of birth of taxpayer, spouse and dependents match the supporting documents.
  4. Filing Status is correctly determined.
  5. Personal and Dependency Exemptions are entered correctly on the return.
  6. All income shown on source documents and noted in Sections A, part III is included on the tax return.
  7. Any Adjustments to Income are correctly reported.
  8. Standard, Additional or Itemized Deductions are correct.
  9. All credits are correctly reported.
  10. Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
  11. If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.
  12. Correct SIDN is shown on the return.
- All Quality Review Issues above have been addressed and necessary changes have been made.

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### Interview Notes - Moore

1. Hilda's husband, Sam, died on April 3rd 2008. He was a federal employee at the time of his death, and Hilda was able to start drawing his joint/survivor annuity in January, 2009. (The NJ three year rule was not used on her 2009 NJ return.)
2. Hilda paid all household expenses and all support for her three children.
3. Hilda was unemployed for a few months last year.
4. She is repaying a student loan and received a statement from the lending institution showing that she had paid \$438.57 in interest last year.
5. Hilda received \$900 in federal and NJ tax-exempt interest from York Municipal Bonds. (Note: "York" is the name of the company, not the name of a place.)
6. Hilda had gambling losses of \$1,500.
7. Ronald is a full-time student at the University of Columbus. He started his third year last August. Ronald's grandmother made the payments for his tuition and fees directly to the university. (To be safe, you confirm that the amounts on the 1098-T from the University agree with the payments actually made.)
8. Hilda does not want to contribute to either the Presidential Election Campaign Fund or the Gubernatorial Election Campaign Fund.
9. Any refund or payment will be handled by paper check.
10. In 2010, Hilda did not receive the Economic Recovery Payment.
11. Hilda did not itemize deductions last year.
12. Ronald is no longer covered by Hilda's Health Insurance policy and neither Hilda nor anyone else can afford to purchase separate insurance for him.
13. Hilda was a tenant in Livingston (Essex County) all year. Her rent was \$800 per month.
14. Hilda did not make any out of state purchases on which she would owe Use Tax.

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a Employee's social security number <b>141-XX-XXXX</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 Employer identification number (EIN) <b>14-1xxxxxx</b>		1 Wages, tips, other compensation <b>\$12,650.94</b>		2 Federal income tax withheld <b>\$2,819.57</b>			
c Employer's name, address, and ZIP code <b>HAWTHORN GENERAL HOSPITAL 1525 Vaughn Rd. Gainesville, FL 32603</b>		3 Social security wages <b>\$14,025.94</b>		4 Social security tax withheld <b>\$869.61</b>			
		5 Medicare wages and tips <b>\$14,025.94</b>		6 Medicare tax withheld <b>\$203.38</b>			
		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. <b>HILDA MAE MOORE</b>  <b>2621 Tudor Avenue Livingston, NJ 07039</b>		11 Nonqualified plans		12a See instructions for box 12 <b>D \$1,375.00</b>			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other UI 53.77 DI 63.25 FL 15.18		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state ID number <b>NJ 59-882456</b>		16 State wages, tips, etc. <b>\$12,650.94</b>		17 State income tax <b>\$645.10</b>	
		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

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>A. BEAN BANK &amp; TRUST 704 NE State St. Gainesville, FL 32602</b>		Payer's RTN (optional)	OMB No. 1545-0112		<b>2010</b> Interest Income
PAYER'S federal identification number <b>14-2xxxxxx</b>		1 Interest income <b>\$ 334.89</b>	Form <b>1099-INT</b>		
RECIPIENT'S identification number <b>141-xx-xxxx</b>		2 Early withdrawal penalty <b>\$</b>	3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$</b>		<b>Copy B For Recipient</b> 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 <b>HILDA MOORE</b>  <b>2621 Tudor Ave Livingston, NJ 07039</b>		4 Federal income tax withheld <b>\$</b>	5 Investment expenses <b>\$</b>		
Account number (see instructions)		6 Foreign tax paid <b>\$</b>	7 Foreign country or U.S. possession		
		8 Tax-exempt interest <b>\$</b>	9 Specified private activity bond interest <b>\$</b>		
		10 Tax-exempt bond CUSIP no. (see instructions)			

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

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<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0238  <b>2010</b> <b>Form W-2G</b> <b>Certain Gambling Winnings</b>
PAYER'S name, address, ZIP code, federal identification number, and telephone number <b>HESSER CASINO</b> <b>233 Catawba Highway</b> <b>Reno, NV 89510</b>  Payer ID: <b>14-4xxxxxx</b> (775) 555-xxxx	1 Gross winnings <b>\$875.00</b>	2 Federal income tax withheld
	3 Type of wager <b>Slots</b>	4 Date won <b>06/23/2010</b>
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code <b>HILDA M. MOORE</b> <b>2621 Tudor Ave.</b> <b>Livingston, NJ 07039</b>	9 Winner's taxpayer identification no. <b>141-xx-xxxx</b>	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state identification no.	14 State income tax withheld
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		This information is being furnished to the Internal Revenue Service.  <b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.
Signature ▶ <i>Hilda M. Moore</i>		Date ▶ <b>6/23/10</b>
Form <b>W-2G</b>		Department of the Treasury - Internal Revenue Service



<input type="checkbox"/> CORRECTED		OMB No. 1545-1574  <b>2010</b> <b>Form 1098-T</b> <b>Tuition Statement</b>
FILER'S name, street address, city, state, ZIP code, and telephone number <b>UNIVERSITY OF COLUMBUS</b> <b>677 E. University Drive</b> <b>Columbus, OH 43216</b>	1 Payments received for qualified tuition and related expenses <b>\$ 14,500.00</b>	2 Amounts billed for qualified tuition and related expenses <b>\$</b>
	3 If this box is checked, your educational institution has changed its reporting method for 2010 <input type="checkbox"/>	
FILER'S federal identification no. <b>14-5xxxxxx</b>	STUDENT'S social security number <b>143-xx-xxxx</b>	<b>Copy B For Student</b>  This is important tax information and is being furnished to the Internal Revenue Service.
STUDENT'S name <b>RONALD MOORE</b>  <b>2621 Tudor Ave.</b> <b>Livingston, NJ 07039</b>		
4 Adjustments made for a prior year <b>\$</b>	5 Scholarships or grants <b>\$ 8,000.00</b>	
6 Adjustments to scholarships or grants for a prior year <b>\$</b>	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2011 <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>
		10 Ins. contract reimb./refund <b>\$</b>
Form <b>1098-T</b>		Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>New Jersey Department of Labor                  22 South Clinton Avenue                  Trenton, NJ 08609-1212</b>		1 Unemployment compensation <b>\$ 2,735.25</b>	OMB No. 1545-0120  <div style="font-size: 2em; font-weight: bold; text-align: center;">2010</div> Form 1099-G	<b>Certain Government Payments</b>
PAYER'S federal identification number <b>22-2481818</b>	RECIPIENT'S identification number <b>22-2481818</b>	3 Box 2 amount is for tax year \$	4 Federal income tax withheld <b>\$ 76.00</b>	<b>Copy B For Recipient</b>  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 <b>HILDA MOORE</b>		5 ATAA payments \$	6 Taxable energy grants \$	
2621 Tudor Ave. <b>Livingston, NJ 07039</b>		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	
Account number (see instructions)		9 Market gain \$	11 State income tax withheld	
		10a State	10b State identification no.	

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

<b>PAID BY</b> OFFICE OF PERSONNEL MANAGEMENT RETIREMENT SERVICES PROGRAM P.O. BOX 45 BOYERS, PA 16017-0045	<b>STATEMENT OF ANNUITY PAID</b> Copy B - File with Federal tax return	<div style="font-size: 2em; font-weight: bold;">2010</div>	OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal Identification <b>11-6xxxxxx</b>	Recipient's ID No. (Annuitant) <b>141-xx-xxxx</b>	Account number (Retirement Claim No.) <b>CSA 291601713</b>	
5. Employee Contributions/ Designated Roth Contributions or Insurance Premiums <b>\$0.00</b>	<b>PAID TO</b> → <b>HILDA MAE MOORE</b> 2621 Tudor Ave. <b>Livingston, NJ 07039</b>		
7. Distribution Code(s) <b>4 - Death Benefit</b>			
9b. Total Employee Contributions <b>\$32,250.00</b>			
Form CSA 1099R (Rev. 1/2009) This information is being furnished to the Department of Treasury - Internal Revenue Service	1. Gross distribution <b>\$15,858.25</b>		2a. Taxable amount <b>\$14,750.00</b>
		4. Federal Income Tax Withheld <b>\$1,200.00</b>	
		State 1 10. State Income Tax Withheld <b>NONE</b>	State 2 10. State Income Tax Withheld <b>NONE</b>

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