

PRO-P2 – Baylor

Advanced Practice Exercises 9–12

Exercise 9 – Baylor Intake and Interview Sheet, page 1 of 3

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 Ben	M. I. A.	Last Name Baylor	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Spouse's First Name Pat	M. I. N.	Last Name Harper	Is spouse a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address 30911 Lost Meadow	Apt#	City Absecon	State NJ Zip Code 08201
4. Phone Primary: 609-555-9876	Other:		E-mail
5. Your Date of Birth 03/12/1934	6. Your Occupation Retired	7. Are you Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Spouse's Date of Birth 10/30/1936	10. Spouse's Occupation Deceased	8. Totally and Permanently Disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		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			

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: 06/21/2010

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)
Madison Chambers	04/05/1994	Grandchild	8	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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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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: <u>Gaming Winnings (W2G)</u>
(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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Medical expenses? |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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)

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TAXPAYER STOP HERE!

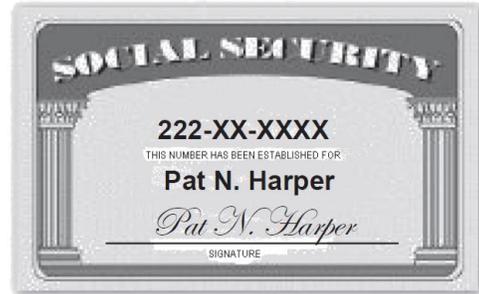
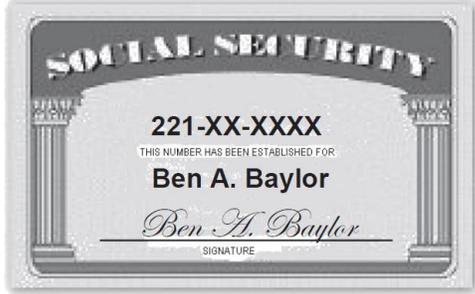
Thank you for completing this form.

Section B. To be Completed by Certified Volunteer Only	Section C. To be completed by a Certified Quality Reviewer
<p>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".</p> <p>Must be completed ONLY if persons are listed in Part II, Question 2.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones: _____ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> N/A _____ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____</p> <p>Reminder Use Publication 17, <i>Your Federal Income Tax For Individuals</i> and Publication 4012, <i>Volunteer Resource Guide</i> in making tax law determinations.</p>	<p>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.</p> <p>1. Section A & B of this form are complete.</p> <p>2. Taxpayer's identity, address and phone number was verified.</p> <p>3. Names, SSN or ITINs, and dates of birth of taxpayer, spouse and dependents match the supporting documents.</p> <p>4. Filing Status is correctly determined.</p> <p>5. Personal and Dependency Exemptions are entered correctly on the return.</p> <p>6. All income shown on source documents and noted in Sections A, part III is included on the tax return.</p> <p>7. Any Adjustments to Income are correctly reported.</p> <p>8. Standard, Additional or Itemized Deductions are correct.</p> <p>9. All credits are correctly reported.</p> <p>10. Withholding shown on Forms W-2,1099 and Estimated Tax Payments are correctly reported.</p> <p>11. If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.</p> <p>12. Correct SIDN is shown on the return.</p> <p><input type="checkbox"/> All Quality Review Issues above have been addressed and necessary changes have been made.</p>

Catalog Number 52121E

Form **13614-C** (Rev. 9-2010)

PRO-P2 – Baylor



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Interview Notes - Baylor

1. Ben is retired and Pat was a housewife prior to her death.
2. Ben does not wish to contribute to either the Presidential or Gubernatorial Election Campaign Fund. He states that he does not wish to indicate a contribution for his spouse either.
3. Ben's granddaughter, Madison Chambers, moved in with them in May of last year. He provides all her support. She was born in France where her parents were stationed.
4. Pat had gambling losses of \$2,550.
5. Ben Baylor wants a check for any refund and will pay by check if they owe.
6. In 2010, the Baylors did not receive an Economic Recovery Payment.
7. Ben and Pat received a NJ Income Tax refund of \$103 in 2010 (for their NJ 2009 return).
8. They itemized last year and their Sch A shows line 5b checked (indicating their state sales tax amount was larger than their state income tax amount).
9. Ben's list of Schedule A expenses:
 - Doctor bills \$4,723
 - Hospital bills \$5,168
 - Medical mileage 93 miles per month (1,116 total miles)
 - Prescription drugs \$1,756
 - Prescription eyeglasses \$210
 - Church donations (statement from church) \$850
 - Church raffle ticket (didn't win) \$25
 - Public Broadcasting System (receipt from PBS) \$201
 - Salvation Army (Receipt for FMV for used clothes in good condition) \$350
 - Funeral expenses \$6,875
 - Home mortgage interest (from Form 1098) \$2,164
 - Real estate tax – main home (from tax statement) \$498
 - Real estate tax – empty lot next door \$623
 - Gambling losses \$2,550
10. Ben paid \$1,400 in sales tax on the purchase of a new red convertible sports car in July, 2010.
11. Ben is in the NJ PTR program. Their base amount is \$303. Last year's PTR rebate was \$172. He did not receive a Homestead Benefit last year. (Note: There was some confusion about proper handling of this situation in TY2010 – for this problem, assume it is ok to e-file the NJ return with the \$50 credit.)
12. The Baylors had no financial involvement of any kind in any foreign country.
13. Ben owned his home all year in Absecon (Atlantic County).
14. All dependents on the NJ return have health insurance.
15. Ben did not make any out of state purchases.

PRO-P2 – Baylor

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, ZIP code, and telephone no. The Lone Star Fund 10005 Gesner, Suite 587 Houston, TX 77079		1a Total ordinary dividends \$ 1,565.00	OMB No. 1545-0110 2010 Form 1099-DIV	Dividends and Distributions Copy B For Recipient	
		1b Qualified dividends \$ 875.00			
		2a Total capital gain distr. \$ 737.00	2b Unrecap. Sec. 1250 gain \$		
PAYER'S federal identification number 22-1XXXXXX	RECIPIENT'S identification number 221-XX-XXXX	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
RECIPIENT'S name Ben A. Baylor Street address (including apt. no.) 30911 Lost Meadow City, state, and ZIP code Absecon, NJ 08201		3 Nondividend distributions \$	4 Federal income tax withheld \$	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 \$	6 Foreign tax paid \$		7 Foreign country or U.S. possession
		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					

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, street address, city, state, and ZIP code Defense Finance & Accounting SVC US Military Retirement Pay P.O.Box 7139 Indianapolis, IN 46249		1 Gross distribution \$ 23,919.00	OMB No. 1545-0119 2010 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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.
		2a Taxable amount \$ 23,919.00		
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	3 Capital gain (included in box 2a) \$	
PAYER'S federal identification number 22-7xxxxxx	RECIPIENT'S identification number 221-xx-xxxx	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S name BEN A. BAYLOR 30911 Lost Meadow Absecon, NJ 08201		7 Distribution code(s) 7 <input type="checkbox"/> IRA/SEP/SIMPLE	8 Other \$ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no. NJ 22-7XXXXXX	
Account number (see instructions)	1st year of desig. Roth contrib.	13 Local tax withheld \$	14 Name of locality	15 Local distribution \$
Form 1099-R Department of the Treasury - Internal Revenue Service				

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CORRECTED (if checked)		OMB No. 1545-0119		2010	Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution				
Harris Trust P.O. Box 1389 Indianapolis, IN 46204		\$ 13,223.00				
		2a Taxable amount				
		\$ 13,223.00				
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		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.	
22-2XXXXXX	221-XX-XXXX	\$	\$			
RECIPIENT'S name		5 Employee contributions / Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.	
Ben A. Baylor		\$	\$			
Street address (including apt. no.)		7 Distribution code(s)	8 Other			
30911 Lost Meadow		7				
City, state, and ZIP code		9a Your percentage of total distribution	9b Total employee contributions			
Absecon, NJ 08201		%	\$			
		10 State tax withheld	11 State/Payer's state no.		12 State distribution	
		\$	22-2XXXXXX		\$ 13,223.00	
		\$			\$	
Account number (see instructions)		13 Local tax withheld	14 Name of locality		15 Local distribution	
		\$			\$	
		\$			\$	

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 BEN A. BAYLOR		Box 2. Beneficiary's Social Security Number 221-XX-XXXX	
Box 3. Benefits Paid in 2010 \$12,108.00	Box 4. Benefits Repaid to SSA in 2010 \$0.00	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) \$12,108.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit: \$10,225.20			
Medicare Part B premiums deducted from your benefits: \$1,156.80			
Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$426.00		Box 6. Voluntary Federal Income Tax Withholding \$300.00	
Total Additions: \$12,108.00		Box 7. Address Ben A. Baylor 30911 Lost Meadow Absecon, NJ 08201	
Benefits for 2010: \$12,108.00		Box 8. Claim Number (Use this number if you need to contact SSA.)	
Draft as of May 15, 2010 – Subject to Change			
Form SSA-1099-SM (1-2010) DO NOT RETURN THIS FORM TO SSA OR IRS			

PRO-P2 – Baylor

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 PAT N. HARPER	Box 2. Beneficiary's Social Security Number 222-XX-XXXX	
Box 3. Benefits Paid in 2010 \$3,960.00	Box 4. Benefits Repaid to SSA in 2010 \$0.00	Box 5. Net Benefits for 2010 (Box 3 minus Box 4) \$3,960.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$3,081.60 Medicare Part B premiums deducted from your benefits: \$578.40 Medicare Prescription Drug premiums (Part D) deducted from your benefits: Total Additions: \$3,960.00 Benefits for 2010: \$3,960.00		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withholding \$300.00 Box 7. Address Pat N. Harper 30911 Lost Meadow Absecon, NJ 08201 Box 8. Claim Number (Use this number if you need to contact SSA.)
Draft as of May 15, 2010 – Subject to Change		
Form SSA-1099-SM (1-2010) DO NOT RETURN THIS FORM TO SSA OR IRS		

<input type="checkbox"/> CORRECTED (if checked)			OMB No. 1545-0238 2010 Form W-2G Certain Gambling Winnings														
PAYER'S name, address, ZIP code, federal identification number, and telephone number CASINO REALE 14011 Gamblers Way Road Charlestown, IN 47111 22-3xxxxxx (866) 555-xxxx	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 Gross winnings \$1,200.00</td> <td style="padding: 2px;">2 Federal income tax withheld \$200.00</td> </tr> <tr> <td style="padding: 2px;">3 Type of wager 25 Slots</td> <td style="padding: 2px;">4 Date won 01/15/2010</td> </tr> <tr> <td style="padding: 2px;">5 Transaction</td> <td style="padding: 2px;">6 Race</td> </tr> <tr> <td style="padding: 2px;">7 Winnings from identical wagers</td> <td style="padding: 2px;">8 Cashier 2718</td> </tr> </table>	1 Gross winnings \$1,200.00	2 Federal income tax withheld \$200.00	3 Type of wager 25 Slots	4 Date won 01/15/2010	5 Transaction	6 Race	7 Winnings from identical wagers	8 Cashier 2718	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">9 Winner's taxpayer identification no. 222-xx-xxxx</td> <td style="padding: 2px;">10 Window</td> </tr> <tr> <td style="padding: 2px;">11 First I.D.</td> <td style="padding: 2px;">12 Second I.D.</td> </tr> <tr> <td style="padding: 2px;">13 State/Payer's state identification no. NJ 22-3xxxxxx</td> <td style="padding: 2px;">14 State income tax withheld \$120.00</td> </tr> </table>	9 Winner's taxpayer identification no. 222-xx-xxxx	10 Window	11 First I.D.	12 Second I.D.	13 State/Payer's state identification no. NJ 22-3xxxxxx	14 State income tax withheld \$120.00	This information is being furnished to the Internal Revenue Service. Copy 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.
1 Gross winnings \$1,200.00	2 Federal income tax withheld \$200.00																
3 Type of wager 25 Slots	4 Date won 01/15/2010																
5 Transaction	6 Race																
7 Winnings from identical wagers	8 Cashier 2718																
9 Winner's taxpayer identification no. 222-xx-xxxx	10 Window																
11 First I.D.	12 Second I.D.																
13 State/Payer's state identification no. NJ 22-3xxxxxx	14 State income tax withheld \$120.00																
WINNER'S name, address (including apt. no.), and ZIP code Pat N. Harper 30911 Lost Meadow Absecon, NJ 08201																	
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. Signature ► <i>Pat N. Harper</i> Date ► 1/15/10																	
Form W-2G			Department of the Treasury - Internal Revenue Service														