

PRO-P3 – Fleming

Exercise 11 – Fleming 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 Anna	M. I. E	Last Name Fleming	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 365 Wilkes Drive	Apt#	City Jersey City	State NJ Zip Code 07302
4. Phone Primary: 201 555 1212	Other: 862 555 3434 – cell	E-mail anna0733@mymail.com	
5. Your Date of Birth 09/16/1965	6. Your Occupation Editor	7. Are you Legally Blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Totally and Permanently Disabled <input checked="" type="checkbox"/> Yes <input 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: 02/18/2007
- 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)
James Fleming	12/25/2005	Son	12	Yes	Yes	No	No
Grete Fleming	10/16/2004	Daughter	12	Yes	Yes	No	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.

Catalog Number 52121E

Form 13614-C (Rev. 9-2010)

PRO-P3 – Fleming

Exercise 11 – Fleming 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	
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Unemployment Compensation? (Form(s) 1099-G)
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	
<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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Medical expenses?
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Charitable contributions?
<input checked="" type="checkbox"/>	<input 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)

PRO-P3 – Fleming

Exercise 11 – Fleming 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	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-P3 – Fleming



PRO-P3 – Fleming

Interview Notes - Fleming

1. Anna was employed as an editor. Starting on July 1, 2008, she also did some editing work from her home, for Wright Publishing Co., who provided Form 1099-MISC. She kept a record of her expenses: \$2,025 for paper, \$1,047.50 for printer cartridges, \$1,500 for postage, \$350 for a business phone line and long distance calls, and 234 miles for making deliveries. She had 10,000 other miles on her car. Anna has one car which she bought in 2007 and began using for her work when she started working at home. She has a written record of her business mileage. She took a word processing course in the evening at the local college to improve her skills. The tuition was \$575. The Business Code for Schedule C-EZ or C is 541990.
2. Anna is divorced. The divorce decree states that her ex-husband is to claim their son, James, as a dependent on his return even though Anna provides all the support for their children, Grete and James. It also states that he is to pay her \$300 per month alimony. Due to the loss of his job during the year, he only paid for 8 months.
3. Global Investment Service notified Anna that she received \$418.13 in federal- and state-exempt interest income.
4. In January, 2010, Anna took an IRA distribution of \$5,000 to pay off credit card debt. She has no records of her contributions or IRA balances.
5. Anna wants \$3 to go to the Presidential Election Campaign Fund and she wants \$1 to go to the Gubernatorial Election Campaign Fund.
6. Anna did not itemize deductions last year.
7. She prefers to receive a check if there is a refund and to pay by check if she owes any additional taxes.
8. As you are going over Form 13614-C with Anna, she tells you she made a mistake when she wrote her address on the form. Her correct address is 356 Wilkes Drive.
9. Anna paid the Salem Day Care Center (EIN 23-7XXXXXX), located at 87 North Casper Drive, Jersey City, NJ 07302, for Grete's and James's care while she was at work. She paid the day-care center \$1,793.
10. Anna had a serious accident in June, 2010, and stopped working. She collected unemployment compensation but was too young to retire. Anna is now totally and permanently disabled.
11. Anna's education expenditures could be a business expense, or a credit. Determine the most advantageous benefit for which she is qualified.
12. Anna did not receive an Economic Recovery Payment in 2010.
13. Anna rented an apartment in Jersey City (Hudson County). She paid \$1,000 per month in rent for 12 months.
14. Anna did not make any out of state purchases for which she would owe Use Tax.
15. All children are covered by health insurance.

PRO-P3 – Fleming

a Employee's social security number 241-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 24-1XXXXXX		1 Wages, tips, other compensation \$14,598.00		2 Federal income tax withheld \$1,001.65			
c Employer's name, address, and ZIP code Oakwood World-Herald 475 Monroe St Dayton, OH 45402		3 Social security wages \$14,598.00		4 Social security tax withheld \$905.08			
		5 Medicare wages and tips \$14,598.00		6 Medicare tax withheld \$211.06			
		7 Social security tips		8 Allocated tips			
		9 Advance EIC payment \$1,000.00		10 Dependent care benefits			
d Control number							
e Employee's first name and initial Last name Suffix Anna E. Fleming 356 Wilkes Drive Jersey City, NJ 07302		11 Nonqualified plans		12a See instructions for box 12			
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other UnEmp 111.68 WF/SWF 6.20 Disab 72.99 Family 17.52		12c			
				12d			
15 State NJ	Employer's state ID number 24-1XXXXXX	16 State wages, tips, etc. \$14,598.00	17 State income tax \$574.50	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.
 012-XX-XXXX

PRO-P3 – Fleming

a Employee's social security number 241-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 24-2XXXXXX			1 Wages, tips, other compensation \$2,532.00		2 Federal income tax withheld \$328.00					
c Employer's name, address, and ZIP code Butler, Inc. 1908 N. Bend Dayton, OH 45408			3 Social security wages \$2,532.00		4 Social security tax withheld \$156.98					
			5 Medicare wages and tips \$2,532.00		6 Medicare tax withheld \$36.71					
			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 Surr. Anna E. Fleming 12 Emory Street Jersey City, NJ 07302			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		12c					
					12d					
f Employee's address and ZIP code			15 State Employer's state ID number NJ 24-2XXXXXX		16 State wages, tips, etc. \$2,532.00		17 State income tax \$201.00		18 Local wages, tips, etc.	
			DI PP# 9786654				19 Local income tax 21.52 12.66 3.04		20 Locality name U/W/F/SWF DI FLI	
Form W-2 Wage and Tax Statement			<h1>2010</h1>		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.										

<input type="checkbox"/> CORRECTED (if checked)											
PAYER'S name, street address, city, state, ZIP code, and telephone no. Parks National Bank 102 Overbrook Road Dayton, OH 45402			Payer's RTN (optional) \$ 416.87		OMB No. 1545-0112 <h1>2010</h1>		Interest Income				
PAYER'S federal identification number 24-3XXXXXX			RECIPIENT'S identification number 241-XX-XXXX		Form 1099-INT		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 Anna E. Fleming Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302			3 Interest on U.S. Savings Bonds and Treas. obligations \$		4 Federal income tax withheld \$ 38.56					5 Investment expenses \$	
Account number (see instructions)			6 Foreign tax paid \$		7 Foreign country or U.S. possession						
			8 Tax-exempt interest \$		9 Specified private activity bond interest \$						
			10 Tax-exempt bond CUSIP no. (see instructions)								
Form 1099-INT			(keep for your records)		Department of the Treasury - Internal Revenue Service						

PRO-P3 – Fleming

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		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 Northern Financial Services P.O. Box 1011 Fairbanks, AK 99701		1 Gross distribution \$ 5,000.00	2010		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.				
		2a Taxable amount \$ 5,000.00	Total distribution <input type="checkbox"/>								
PAYER'S federal identification number 24-7XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 750.00		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.				
RECIPIENT'S name Anna E. Fleming Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$								
		7 Distribution code(s) 1	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %		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.			
		9a Your percentage of total distribution %	9b Total employee contributions \$								
		10 State tax withheld \$	11 State/Payer's state no. _____		12 State 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.		
		13 Local tax withheld \$	14 Name of locality _____		15 Local distribution \$						
Account number (see instructions) 12349876											
Form 1099-R		Department of the Treasury - Internal Revenue Service									

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		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 Tri-State Publishers P. O. Box 737 Cincinnati, OH 45202		1 Gross distribution \$ 5,400.00	2010		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.				
		2a Taxable amount \$ 5,400.00	Total distribution <input type="checkbox"/>								
PAYER'S federal identification number 24-6XXXXXX	RECIPIENT'S identification number 241-XX-XXXX	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.		This information is being furnished to the Internal Revenue Service.				
RECIPIENT'S name Anna E. Fleming Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$								
		7 Distribution code(s) 3	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		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.			
		9a Your percentage of total distribution %	9b Total employee contributions \$								
		10 State tax withheld \$	11 State/Payer's state no. _____		12 State 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.		
		13 Local tax withheld \$	14 Name of locality _____		15 Local distribution \$						
Account number (see instructions)											
Form 1099-R		Department of the Treasury - Internal Revenue Service									

PRO-P3 – Fleming

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S name, street address, city, state, ZIP code, and telephone no. Wright Publishing P.O. Box 1765 Paterson, NJ 07501		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number 24-4XXXXXX		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	Copy B For Recipient
RECIPIENT'S identification number 241-XX-XXXX		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 12,875.88	
RECIPIENT'S name Anna E. Fleming Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	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.
Account number (see instructions)		11	12	13 Excess golden parachute payments \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	14 Gross proceeds paid to an attorney \$	17 State/Payer's state no. \$	
Form 1099-MISC		(keep for your records)		18 State income \$	

Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED					
PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor 22 South Clinton Avenue Trenton, NJ 08609-1212		1 Unemployment compensation \$ 1,345.00	OMB No. 1545-0120 2009 Form 1099-G	Certain Government Payments	
PAYER'S federal identification number 22-2481818		2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 135.00	Copy C For Payer
RECIPIENT'S identification number 241-XX-XXXX		5 ATAA payments \$	6 Taxable grants \$	7 Agriculture payments \$	
RECIPIENT'S name Anna E. Fleming Street address (including apt. no.) 356 Wilkes Drive City, state, and ZIP code Jersey City, NJ 07302		8 Check if box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.	
Account number (see instructions)		Form 1099-G		Department of the Treasury - Internal Revenue Service	