Exercise 12 – Sterling 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

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 Steven	M. I. A.	Last Name Sterling	Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name Page	M. I. S.	Last Name Sterling	Is spouse a U.S. Citizen? ☒ Yes ☐ No

3. Mailing Address 3717 Misty Meadow	Apt#	City **Wharton**	State **NJ**	Zip Code **07885**

4. Phone Primary: **973 555 1212** Other:	E-mail

5. Your Date of Birth 09/21/1941	6. Your Occupation Retired	7. Are you Legally Blind ☐ Yes ☒ No 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth 02/11/1951	10. Spouse's Occupation Housewife	11. Is Spouse Legally Blind ☒ Yes ☐ No 12. Totally and Permanently Disabled ☐ Yes ☒ No

13. Can your parents or someone else claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ 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: __________

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. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. son, mother, sister) (c)	Number of months lived in your home (d)	US Citizen or resident of the US, Canada or Mexico (yes/no) (e)	Single as of 12/31/10 (yes/no) (f)	Full-time student (yes/no) (g)	Received more than $3650 in income (yes/no) (h)
Samantha Summers	01/13/1949	Sister	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.**

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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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Exercise 12 – Sterling 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 ☐ N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, Question 2? If no, which ones:

☐ 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.

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.

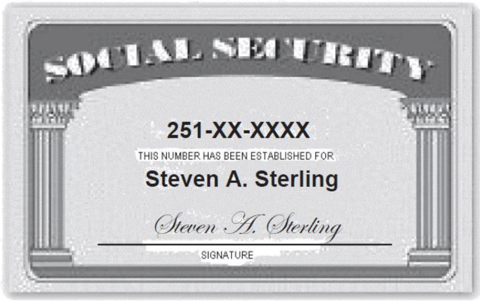
1. **Section A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone number** was verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** 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.**

Catalog Number 52121E

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

PRO-P4 – Sterling



PRO-P4 – Sterling

Interview Notes - Sterling

1. Steven and Page have been married for over 40 years, and each year they return to your site to have their tax return completed. Steven retired from the International Brotherhood of Electrical Workers on January 1, 2008. Page, who is a housewife, is covered by the plan. He recovered $227 of his cost in the previous year.
2. Steven's sister, Samantha Summers, lived with them all year. She is an invalid and relies upon her brother for her support. She receives $250 per month in social security benefits.
3. Page has less than 20/200 vision in both eyes. She provided a doctor's statement.
4. Steven purchased 100 shares of Chapman stock in 1983 for $12,000. He sold the stock on March 23, 2010. He received $23,789 net of commissions on the sale.
5. Neither Steven nor Page wants $3 to go to the Presidential Election Campaign Fund. Neither wants to contribute to the Gubernatorial Election Campaign Fund either.
6. They itemized deductions last year but did not receive any state refund.
7. They would like to have any federal or state refund sent by check, and will pay any amount due by check.
8. Steven did not receive an Economic Recovery Payment in 2010.
9. They lived in Dover (zip code 07803) for the first half of the year (through June 30) and in Wharton (zip code 07885) for the second half of the year. They paid $1,000 per month in rent for the Dover apartment and $1,100 per month rent for the new Wharton apartment. They paid rent on both apartments in June and July.
10. Although they received a federal refund last year, they owed $203 to NJ (which they paid on time).
11. The Sterlings had no connection to any foreign financial activity.
12. Steven and Page discovered last year that they could buy things online and not pay NJ sales taxes so they did some Christmas shopping and purchased various other items online last year. When the NJ Use Tax rules were explained to them, they decided they better follow the NJ guidelines for reporting Use Tax on their NJ return because they had no easy way to calculate an exact total of purchases. None of the items cost more than $300.

PRO-P4 – Sterling

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Chapman Federal S & L Association 1413 5th Street Cincinnati, OH 45202	Payer's RTN (optional) 1 Interest income $ 124.73 2 Early withdrawal penalty $	OMB No. 1545-0112 2010 Form 1099-INT	Interest Income
PAYER'S federal identification number 25-1XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations $	Copy B For Recipient
RECIPIENT'S name Steven A. Sterling		4 Federal income tax withheld $	5 Investment expenses $
Street address (including apt. no.) 3717 Misty Meadow		6 Foreign tax paid $	7 Foreign country or U.S. possession
City, state, and ZIP code Wharton, NJ 07885		8 Tax-exempt interest $	9 Specified private activity bond interest $
Account number (see instructions)		10 Tax-exempt bond CUSIP no. (see instructions)	

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.

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. New City Bank 1 Riverview Ft. Thomas, KY 41075	Payer's RTN (optional) 1 Interest income $ 1,864.78 2 Early withdrawal penalty $	OMB No. 1545-0112 2010 Form 1099-INT	Interest Income
PAYER'S federal identification number 25-2XXXXXX	RECIPIENT'S identification number 251-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations $	Copy B For Recipient
RECIPIENT'S name Steven A. Sterling		4 Federal income tax withheld $	5 Investment expenses $
Street address (including apt. no.) 3717 Misty Meadow		6 Foreign tax paid $	7 Foreign country or U.S. possession
City, state, and ZIP code Wharton, NJ 07885		8 Tax-exempt interest $	9 Specified private activity bond interest $
Account number (see instructions)		10 Tax-exempt bond CUSIP no. (see instructions)	

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.

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

PRO-P4 – Sterling

☐ CORRECTED (if checked)

Form 1099-DIV — Dividends and Distributions — OMB No. 1545-0110 — 2010 — Copy B For Recipient

- PAYER'S name, street address, city, state, ZIP code, and telephone no.: Bridgeport Fund, P.O. Box 5250, Hebron, KY 41048
- PAYER'S federal identification number: 25-3XXXXXX
- RECIPIENT'S identification number: 251-XX-XXXX
- RECIPIENT'S name: Steven A. Sterling
- Street address (including apt. no.): 3717 Misty Meadow
- City, state, and ZIP code: Wharton, NJ 07885
- Account number (see instructions):
- 1a Total ordinary dividends: $ 162.99
- 1b Qualified dividends: $ 106.00
- 2a Total capital gain distr.: $ 68.75
- 2b Unrecap. Sec. 1250 gain: $
- 2c Section 1202 gain: $
- 2d Collectibles (28%) gain: $
- 3 Nondividend distributions: $
- 4 Federal income tax withheld: $
- 5 Investment expenses: $
- 6 Foreign tax paid: $ 13.15
- 7 Foreign country or U.S. possession:
- 8 Cash liquidation distributions: $
- 9 Noncash liquidation distributions: $

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.

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

☐ CORRECTED (if checked)

Form 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. — OMB No. 1545-0119 — 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.

- PAYER'S name, street address, city, state, and ZIP code: Averell Pension Fund, 36964 Doane Road, Louisville, KY 40202
- PAYER'S federal identification number: 25-4XXXXXX
- RECIPIENT'S identification number: 251-XX-XXXX
- RECIPIENT'S name: Steven A. Sterling
- Street address (including apt. no.): 3717 Misty Meadow
- City, state, and ZIP code: Wharton, NJ 07885
- 1st year of desig. Roth contrib.:
- Account number (see instructions):
- 1 Gross distribution: $ 18,625.00
- 2a Taxable amount: $
- 2b Taxable amount not determined: x — Total distribution: ☐
- 3 Capital gain (included in box 2a): $
- 4 Federal income tax withheld: $ 1,715.00
- 5 Employee contributions /Designated Roth contributions or insurance premiums: $
- 6 Net unrealized appreciation in employer's securities: $
- 7 Distribution code(s): 7 — IRA/ SEP/ SIMPLE: ☐
- 8 Other: $ %
- 9a Your percentage of total distribution: %
- 9b Total employee contributions: $ 5,864.00
- 10 State tax withheld: $ / $
- 11 State/Payer's state no.:
- 12 State distribution: $ / $
- 13 Local tax withheld: $ / $
- 14 Name of locality:
- 15 Local distribution: $ / $

This information is being furnished to the Internal Revenue Service.

Form 1099-R Department of the Treasury - Internal Revenue Service

PRO-P4 – Sterling

CORRECTED (if checked)

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119 — 2010 — Form 1099-R

PAYER'S name, street address, city, state, and ZIP code	Scripps Investment Partners 102 Side Street Cincinnati, OH 45202
1 Gross distribution	$ 11,793.00
2a Taxable amount	$ 11,793.00
2b Taxable amount not determined	☐
Total distribution	☐
PAYER'S federal identification number	25-5XXXXXX
RECIPIENT'S identification number	251-XX-XXXX
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,179.00
RECIPIENT'S name	Steven A. Sterling
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	3717 Misty Meadow
City, state, and ZIP code	Wharton, NJ 07885
7 Distribution code(s)	7
IRA/ SEP/ SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
1st year of desig. Roth contrib.	
10 State tax withheld	$ $
11 State/Payer's state no.	NJ 25-5XXXXXX
12 State distribution	$ $
Account number (see instructions)	
13 Local tax withheld	$ $
14 Name of locality	
15 Local 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.

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	STEVEN A. STERLING
Box 2. Beneficiary's Social Security Number	251-XX-XXXX
Box 3. Benefits Paid in 2010	$15,972.00
Box 4. Benefits Repaid to SSA in 2010	
Box 5. Net Benefits for 2010 *(Box 3 minus Box 4)*	$15,972.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $13,455.20

Medicare Part B premiums deducted from your benefits: $1,156.80

Medicare Prescription Drug premiums (Part D) deducted from your benefits: $810.00

Total Additions: $15,972.00

Benefits for 2010: $15,972.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withholding

$550.00

Box 7. Address

Steven A. Sterling
3717 Misty Meadow
Wharton, NJ 07885

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