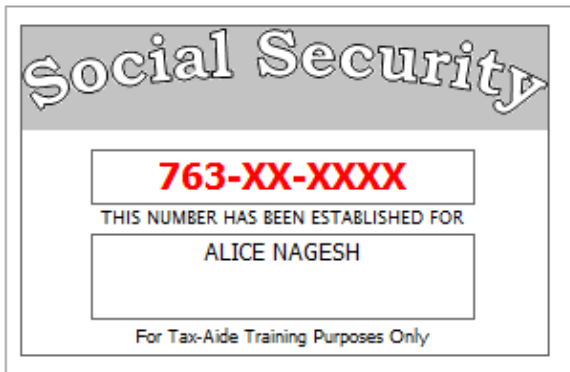
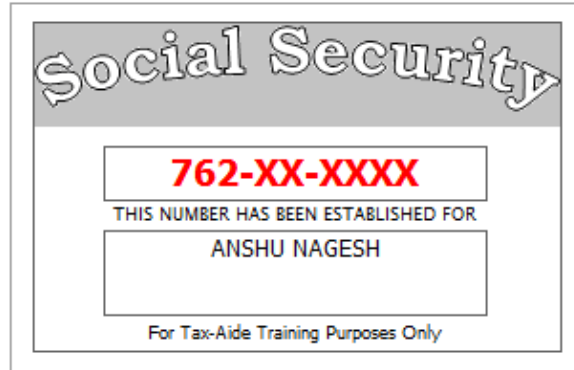


## FAM-06 Barufkin Scenario

### Interview Notes: (See also: General Notes)

1. The Barufkins paid \$15,200 in rent for the year.
2. Alice is a full-time student at a local college.

### Documents:



## FAM-06 Barufkin Scenario

|  |   |  |                                  |   |                      |                   |  |
|--|---|--|----------------------------------|---|----------------------|-------------------|--|
| a. Employee's social security number<br>761-XX-XXXX  |   |  |                                  |   |                      |                   |  |
| b. Employer identification number (EIN)<br>76-9XXXXXX  |   | 1. Wages, tips, other compensation<br>\$22,810.49  |                                  | 2. Federal income tax withheld<br>\$2,281.00  |                      |                   |  |
| c. Employer's name, address, city state and ZIP Code<br>UNITED AIRLINES<br>PO BOX 6610<br>CHICAGO, IL 60610  |   | 3. Social security wages<br>\$22,810.49  |                                  | 4. Social security tax withheld<br>\$1,414.25 |                      |                   |  |
|  |   | 5. Medicare wages and tips<br>\$22,810.49  |                                  | 6. Medicare tax withheld<br>\$330.75          |                      |                   |  |
|  |   | 7. Social security tips  |                                  | 8. Allocated tips                             |                      |                   |  |
| d. Control number  |   | 9.   |                                  | 10. Dependant care benefits                   |                      |                   |  |
| e. Employee's name (first, initial, last), address, city, state and ZIP code<br>JOSHI H BARUFKIN<br>876 KEALING AVE APT 9A<br>WYCKOFF, NJ 07481  |   | 11. Nonqualified plans   |                                  | 12a. See instructions for box 12              |                      |                   |  |
|  |   | 13. Statutory Employee <input type="checkbox"/> Retiremer Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/> |                                  | 12b.  |                      |                   |  |
|  |   | 14. Other<br>NJSUI \$96.94   |                                  | 12c.  |                      |                   |  |
|  |   | NJSDI \$86.68<br>NJFLI \$22.81   |                                  | 12d.  |                      |                   |  |
| 15. State<br>NJ  | Employer's state ID number<br>769XXXXXX | 16. State wages, tips, etc.<br>\$22,810.49   | 17. State income tax<br>\$684.00 | 18. Local wages, tips, etc.                   | 19. Local income tax | 20. Locality name |  |
| Form <b>W-2</b> Wage and Tax Statement <b>2014</b><br>Copy B - To Be Filed With Employee's FEDERAL Tax Return.<br>This information is being furnished to the Internal Revenue Service. |   |  |                                  |   |                      |                   |  |

|  |   |  |                                  |   |                      |                   |  |
|--|---|--|----------------------------------|---|----------------------|-------------------|--|
| a. Employee's social security number<br>762-XX-XXXX  |   |  |                                  |   |                      |                   |  |
| b. Employer identification number (EIN)<br>76-9XXXXXX  |   | 1. Wages, tips, other compensation<br>\$13,180.00  |                                  | 2. Federal income tax withheld<br>\$275.00  |                      |                   |  |
| c. Employer's name, address, city state and ZIP Code<br>UNITED AIRLINES<br>PO BOX 6610<br>CHICAGO, IL 60610  |   | 3. Social security wages<br>\$13,180.00  |                                  | 4. Social security tax withheld<br>\$817.16 |                      |                   |  |
|  |   | 5. Medicare wages and tips<br>\$13,180.00  |                                  | 6. Medicare tax withheld<br>\$191.11        |                      |                   |  |
|  |   | 7. Social security tips  |                                  | 8. Allocated tips                           |                      |                   |  |
| d. Control number  |   | 9.   |                                  | 10. Dependant care benefits                 |                      |                   |  |
| e. Employee's name (first, initial, last), address, city, state and ZIP code<br>ANSHU NAGESH<br>876 KEALING AVE APT 9A<br>WYCKOFF, NJ 07481  |   | 11. Nonqualified plans   |                                  | 12a. See instructions for box 12            |                      |                   |  |
|  |   | 13. Statutory Employee <input type="checkbox"/> Retiremer Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/> |                                  | 12b.  |                      |                   |  |
|  |   | 14. Other<br>NJSDI \$50.08   |                                  | 12c.  |                      |                   |  |
|  |   | NJSUI \$56.02<br>NJFLI \$13.18   |                                  | 12d.  |                      |                   |  |
| 15. State<br>NJ  | Employer's state ID number<br>769XXXXXX | 16. State wages, tips, etc.<br>\$13,180.00   | 17. State income tax<br>\$260.00 | 18. Local wages, tips, etc.                 | 19. Local income tax | 20. Locality name |  |
| Form <b>W-2</b> Wage and Tax Statement <b>2014</b><br>Copy B - To Be Filed With Employee's FEDERAL Tax Return.<br>This information is being furnished to the Internal Revenue Service. |   |  |                                  |   |                      |                   |  |