

FAM-00 Brown Scenario

Interview Notes: (See also: General Notes)

1. George was a full-time student at a local college
2. Mary paid \$144 in Student Loan interest during the tax year
3. The Browns paid \$9,000 in rent while living in Dover through June (They had lived at the Dover address for many years)
4. The Browns moved in July when they inherited a house in Denville. They paid \$4,534 in property taxes, but had no mortgage payments. According to the postcard from the tax office: – Block=50001, Lot=00002, Qualifier is blank.
5. Henry started receiving his pension from Fidelity this year

Social Security

701-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

HENRY BROWN

For Tax-Aide Training Purposes Only

Social Security

702-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

MARY BROWN

For Tax-Aide Training Purposes Only

Social Security

703-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

GEORGE V BROWN

For Tax-Aide Training Purposes Only

Social Security

704-XX-XXXX

THIS NUMBER HAS BEEN ESTABLISHED FOR

SUSAN B COX

For Tax-Aide Training Purposes Only

HENRY BROWN 1234
 MARY BROWN
 25 DIAMOND ROAD
 DENVER, NJ 07834

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

Your Bank _____
 Bank City, State, ZIP Code _____
 For _____

|: 325070760 |: 987123654 **1234**

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FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
2014		<input type="checkbox"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="checkbox"/> SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name HENRY BROWN		Box 2. Beneficiary's Social Security 701-XX-XXXX	
Box 3. Benefits Paid in 2014 \$13,333.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2014 (Box 3 minus Box 4) \$13,333.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	\$10,111.20		
Medicare Part B premiums deducted from your benefits	\$1,258.80		
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$630.00		
Total Additions	\$13,333.00		
Benefits for 2014	\$13,333.00	Box 6. Voluntary Federal Income Tax Withheld \$1,333.00	
Benefits for 2013		Box 7. Address HENRY BROWN 25 DIAMOND ROAD DENVER, NJ 07834	
Benefits for 2012		Box 8. Claim Number (use this number if you need to contact SSA) 701-XX-XXXXA	
Benefits for 2011			

Form **SSA-1099-SM**

FAM-00 Brown Scenario

a. Employee's social security number 701-XX-XXXX									
b. Employer identification number (EIN) 70-9XXXXXX			1. Wages, tips, other compensation \$10,100.00			2. Federal income tax withheld \$101.00			
c. Employer's name, address, city state and ZIP Code GREEN GRASS GOLF 25 WOOD LANE DENVER, NJ 07834			3. Social security wages \$10,100.00			4. Social security tax withheld \$626.20			
			5. Medicare wages and tips \$10,100.00			6. Medicare tax withheld \$146.45			
			7. Social security tips			8. Allocated tips			
			9.			10. Dependant care benefits			
d. Control number			9.			10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code HENRY BROWN 25 DIAMOND ROAD DENVER, NJ 07834			11. Nonqualified plans			12a. See instructions for box 12			
			13. Statutory Employee <input type="checkbox"/> Retiree Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>			12b.			
			14. Other NJSUI \$42.93			12c.			
			NJSDI \$38.38			12d.			
			NJFLI \$10.10						
15. State NJ	Employer's state ID number 709XXXXXX	16. State wages, tips, etc. \$10,100.00	17. State income tax \$41.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
Form W-2 Wage and Tax Statement 2014 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.									

a. Employee's social security number 702-XX-XXXX									
b. Employer identification number (EIN) 70-8XXXXXX			1. Wages, tips, other compensation \$10,203.50			2. Federal income tax withheld \$1,021.50			
c. Employer's name, address, city state and ZIP Code JOE'S #1 BAR & GRILL FUDEY'S CT DENVER, NJ 07834			3. Social security wages \$10,105.50			4. Social security tax withheld \$657.79			
			5. Medicare wages and tips \$10,609.50			6. Medicare tax withheld \$153.84			
			7. Social security tips \$504.00			8. Allocated tips			
			9.			10. Dependant care benefits			
d. Control number			9.			10. Dependant care benefits			
e. Employee's name (first, initial, last), address, city, state and ZIP code MARY BROWN 32145 LONG ROAD DOVER, NJ 07801			11. Nonqualified plans			12a. See instructions for box 12 D \$406.00			
			13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>			12b.			
			14. Other NJSDI \$38.77			12c.			
			NJFLI \$10.20			12d.			
			NJSUI \$43.46						
15. State NJ	Employer's state ID number 708XXXXXX	16. State wages, tips, etc. \$10,203.50	17. State income tax \$54.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
Form W-2 Wage and Tax Statement 2014 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.									

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<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code NATIONAL CITY BANK 15 MAIN ST DENVER, NJ 07834			Payer's RTN (optional)		20 14 Form 1099-INT	Interest Income
			1 Interest income \$325.00			
PAYER'S Federal identification number 70-7XXXXXX			RECIPIENT'S identification number 701-XX-XXXX		Copy B For Recipient	
			3 Interest on US Savings Bonds and Treas. obligations			
RECIPIENT'S name, address, city, state, and ZIP code HENRY BROWN 25 DIAMOND ROAD DENVER, NJ 07834			4 Federal income tax withheld		5 Investment expenses	
			6 Foreign Tax Paid		7 Foreign Country or US possession	
			8 Tax exempt interest		9 Specified private activity bond interest	
			10 Market Discount		11 Bond Premium	
			FATCA filing requirement <input type="checkbox"/>		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.	
12		13 Bond Premium on tax-exempt bond				
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no	17 State tax withheld
Form 1099-INT						

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code DREYFUS PO BOX 9879 PROVIDENCE, RI 02940			1 Total Ordinary Dividends \$645.00		2014 Form 1099-DIV	Dividends and Distributions
			1b Qualified Dividends \$455.00			
PAYER'S Federal identification number 70-6XXXXXX			RECIPIENT'S identification number 701-XX-XXXX		Copy B For Recipient	
			2c Section 1202 gain			
RECIPIENT'S name, address, city, state, ZIP code HENRY BROWN 25 DIAMOND ROAD DENVER, NJ 07834			2a Total capital gain distr. \$256.00		2b Unrecap. Sec. 1250 gain	
			3 Nondividend distributions		4 Federal income tax withheld \$64.00	
			6 Foreign Tax Paid		7 Foreign Country or US possession	
			8 Cash liquidation distributions		9 Noncash liquidation distribution	
			FATCA filing requirement <input type="checkbox"/>		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.	
10 Exempt-Interest dividends		11 Specified private activity bond interest dividends				
Account number (see instructions)			12 State	13 State Identification no.	14 State tax withheld	
Form 1099-DIV						

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<input type="checkbox"/> CORRECTED (if checked)		2014 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code FIDELITY INVESTMENTS PO BOX 673000 DALLAS, TX 75267		1 Gross distribution \$4,500.00		
		2a Taxable amount \$4,500.00		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 70-5XXXXXX	RECIPIENT'S identification number 701-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$700.00	
RECIPIENT'S name, address, city, state, ZIP code HENRY BROWN 25 DIAMOND ROAD DENVER, NJ 07834		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 <input type="checkbox"/>	8 Other %
		9a Your percentage of total distribution %		9b Total Employee Contributions
10. Amount allocable to IRR within 5 years	11. 1st year of desig. Roth contrib.	12. State tax withheld	13. State/Payer's state no.	14. State Distribution
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution
Form 1099-R				

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

<input type="checkbox"/> CORRECTED (if checked)		2014 Form 1099-G		Certain Government Payments
PAYER'S name, address, city, state, ZIP code NEW JERSEY DEPARTMENT OF LABOR PO BOX 908 TRENTON, NJ 08625		1 Unemployment compensation \$5,890.00		
		2 State or local income tax refunds, credits or offsets		
PAYER'S Federal identification number 22-2481818	RECIPIENT'S identification number 702-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld \$589.00	
RECIPIENT'S name, address, city, state, ZIP code MARY BROWN 25 DIAMOND ROAD DENVER, NJ 07834		5 RTAA payments		6 Taxable grants
		7 Agriculture payments		8 If checked, box 2 is trade or business income > <input type="checkbox"/>
		9 Market gain		
Account number (see instructions)		10. State NJ	10b State identification no.	11 State income tax withheld
Form 1099-G				

Copy B For Recipient

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