FAM-02 Conway Scenario Interview Notes: (See also: General Notes)

- 1. The Conways moved from an apartment in Hoboken to an apartment in Jersey City on September 30 of the current tax year. They paid \$2,000/month rent in Hoboken through September and \$1,000/month in Jersey City starting in October.
- 2. Charles lost his job in August of the current tax year and collected unemployment for the balance of the year.
- 3. In January of the tax year the Conways purchased a 50" LCD TV from Amazon.com and did not pay sales tax on the purchase amount of \$1,500.00. The sales tax amount would have been \$105.00.

Documents:

| 721-xx-yyyy THIS NUMBER HAS BEEN ESTABLISHED FOR CHARLES T. CONWAY Charles T. Conway SIGNATURE | THIS NUMBER HAS BE CAROL M | ECORDER CONWAY CONWAY CONWAY |
|--|-------------------------------|---------------------------------------|
| Charles T. & Carol M. Conway 910 Birch Street Jersey City, NJ 07310 | 55-760/312 'Date | 2851 |
| Pay to the Order of | | \$ |
| PNC BANK, N.A. NEW JERSEY 060 | CHOICE PLAN | _:0ellars 🗗 🚟 🛲 |
| ™ 123456789 1234567890 | | |

FAM-02 Conway Scenario

| | ee's social security number | OMB No. 1545 | | Safe, a FAST! | ccurate, Use | ≁ file | | e IRS website at s.gov/efile |
|---|---|--|---------------------------|------------------|---|--|------------|---------------------------------|
| b Employer identification number (EIN) 72-9xxyyyy | | 1 Wages, tips, other compensation 32,867.00 | | | ² Federal income tax withheld 4,500.00 | | | |
| c Employer's name, address, and ZIP code Vampire Engineering 32 Blood Ave. Jersey City, NJ 07310 | | 3 Social security wages 33,867.00 5 Medicare wages and tips 33,867.00 7 Social security tips | | | 4 Social security tax withheld 2,099.75 6 Medicare tax withheld 491.07 8 Allocated tips | | | |
| d Control number | | 9 | | | 10 Dependent care benefits | | | |
| e Employee's first name and initial Last na Charles T. Conway 967 Water St. Hoboken, NJ 07030 f Employee's address and ZIP code | me | Suff. | 13 Statu emp 14 Oth | er SUI | Ad plans Retirement Third-party X 133.88 119.70 31.50 | 12a See Control Contro | 1 | s for box 12 000.00 |
| 15 State Employer's state ID number NJ 72-9xxyyyy | 16 State wages, tips, etc. 33,505.00 | 17 State incon 1,02 | | 18 Loo | cal wages, tips, etc. | 19 Local ince | ome tax | 20 Locality name |
| Form W-2 Wage and Tax Statement Copy B-To Be Filed With Employee's F | | 2014 | | <u> </u> | Department of | l of the Treasur | y—Internal | Revenue Service |

This information is being furnished to the Internal Revenue Service.

| | e's social security number -XX-YYYY | OMB No. 1545 | 5-0008 | Safe, accurate, FAST! Use | | he IRS website at irs.gov/efile | | |
|--|--|------------------------|--------------|--|--------------------------------|---|--|--|
| b Employer identification number (EIN) 72-8xxyyyy | | | | ges, tips, other compensation 20,176.00 | | 2 Federal income tax withheld 1,200.00 | | |
| c Employer's name, address, and ZIP code | | | | cial security wages | 4 Social security tax withheld | | | |
| Smart Kids Charter Schools | | | | 20,176.00 | 1,250.91 | | | |
| 98 Willow Lane | | | | edicare wages and tips 20,176.00 | 6 Medicare tax withheld 292.55 | | | |
| Boston, MA 02108 | | | | cial security tips | 8 Allocated tips | | | |
| d Control number | | | 9 | | 10 Dependent car | e benefits | | |
| e Employee's first name and initial Last name | ne | Suff. | 11 No | nqualified plans | 12a See instruction | ns for box 12 | | |
| Carol M. Conway | | | 13 Stat | utory Retirement Third-party bloyee plan sick pay | [•] 12b | | | |
| 910 Birch St. | | | | | c o d e | | | |
| Jersey City, NJ 07310 | | | 14 Oth N. | ISUI 85.75 | 12c | | | |
| | | | N. | JSDI 76.67 | 12d | | | |
| f Employee's address and ZIP code | | | N. | JFLI 20.18 | o de | | | |
| 15 State Employer's state ID number NJ 72-8xxyyyy | 16 State wages, tips, etc. 20,176.00 | 17 State incon 403. | | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| | | | | | | | | |
| Form W-2 Wage and Tax Statement | | 2014 | | Department | of the Treasury-Interna | al Revenue Service | | |
| Copy B-To Be Filed With Employee's FE This information is being furnished to the In | | | | | | | | |

FAM-02 Conway Scenario

| | CORRECTE | D (if che | cked) | | | |
|---|--|--|--|---|----------------------|--|
| PAYER'S name, address, city, state, ZIP code NEW JERSEY DEPARTMENT OF LABOR PO BOX 908 TRENTON, NJ 08625 | | 1 Unemployment compensation \$9,860.10 | | 2014 | Certa | |
| | | | local income tax , credits or offsets | Form 1099-G | Governmen Payment | |
| PAYER'S Federal identification number 22-2481818 | RECIPIENT'S identification number 721-XX-XXXX | r . Box 2 amount is for tax year 4 F | | 4 Federal income tax withheld \$986.01 | | Copy B For Recipient |
| CHARLES T. CONWAY | | 5 RTAA pa | ayments | 6 Taxable grants | | This is important ta: information and i being furnished to the Internal Revenue Service. If you arc required to file a return a negligence penalty o |
| | | 7 Agricult | ure payments | 8 If checked, box 2 is trade or business income > | | |
| | | 9 Market gain | | | | other sanction may be imposed on you if this |
| Account number (see instructions) | | 10. State NJ | 10b State identificat | ion no. 11 State incom | e tax withheld | income is taxable and the IRS determines that it has not been reported. |
| Form 1099-G | | | | • | | |