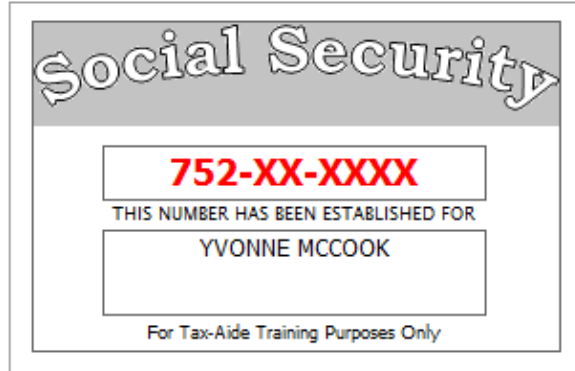


FAM-06 McCook Scenario

Interview Notes: (See also: General Notes)

1. The McCooks do not own a home. They paid rent of \$12,500.00 for the year.

Documents:



TROY H MCCOOK YVONNE MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524	1234
PAY TO THE _____ ORDER OF _____	\$ _____ DOLLARS
Your Bank _____ Bank City, State, ZIP Code _____	
For _____	
: 325070760 : 987123654 1234	

FAM-06 McCook Scenario

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 TROY H MCCOOK		Box 2. Beneficiary's Social Security 751-XX-XXXX	
Box 3. Benefits Paid in 2014 \$12,765.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2014 (Box 3 minus Box 4) \$12,765.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit	\$10,229.70	Box 6. Voluntary Federal Income Tax Withheld \$1,276.50	
Medicare Part B premiums deducted from your benefits	\$1,258.80		
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$.00		
Total Additions	\$12,765.00		
Benefits for 2014	\$12,765.00	Box 7. Address TROY H MCCOOK	
Benefits for 2013		Box 8. Claim Number (use this number if you need to contact SSA) 751-XX-XXXXA	
Benefits for 2012			
Benefits for 2011			
Form SSA-1099-SM			

FAM-06 McCook Scenario

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 YVONNE MCCOOK		Box 2. Beneficiary's Social Security 752-XX-XXXX	
Box 3. Benefits Paid in 2014 \$10,200.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2014 (Box 3 minus Box 4) \$10,200.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit \$7,921.20			
Medicare Part B premiums deducted from your benefits \$1,258.80			
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$.00			
Total Additions \$10,200.00		Box 6. Voluntary Federal Income Tax Withheld \$1,020.00	
Benefits for 2014 \$10,200.00		Box 7. Address YVONNE MCCOOK	
Benefits for 2013		Box 8. Claim Number (use this number if you need to contact SSA) 752-XX-XXXXA	
Benefits for 2012			
Benefits for 2011			
Form SSA-1099-SM			

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, ZIP code OPPENHEIMER FUND PO BOX 5270 DENVER, CO 80217		1 Total Ordinary Dividends \$500.00	2014 Form 1099-DIV	Dividends and Distributions 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.
		1b Qualified Dividends \$500.00		
PAYER'S Federal identification number 75-9XXXXXX		2a Total capital gain distr. \$100.00	2b Unrecap. Sec. 1250 gain	
		2c Section 1202 gain	2d Collectables (28%) gain	
RECIPIENT'S name, address, city, state, ZIP code TROY H MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524		3 Nondividend distributions	4 Federal income tax withheld \$50.00	
			5 Investment expenses	
		6 Foreign Tax Paid	7 Foreign Country or US possession	
		8 Cash liquidation distributions	9 Noncash liquidation distribution	
		FATCA filing requirement <input type="checkbox"/>	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				

FAM-06 McCook Scenario

<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 AMERITECH PENSION TRUST PO BOX 1389 BOSTON, MA 02104		1 Gross distribution \$13,223.00		
		2a Taxable amount \$13,223.00		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 75-8XXXXXX	RECIPIENT'S identification number 751-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,323.00	
RECIPIENT'S name, address, city, state, ZIP code TROY H MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524		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-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, address, city, state, ZIP code PHOENIX INVESTMENT PARTNERS 101 MUNSON STREET GREENFIELD, MA 01301		1 Gross distribution \$12,250.00		
		2a Taxable amount \$12,250.00		
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	
PAYER'S Federal identification number 75-7XXXXXX	RECIPIENT'S identification number 752-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,225.00	
RECIPIENT'S name, address, city, state, ZIP code YVONNE MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524		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
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