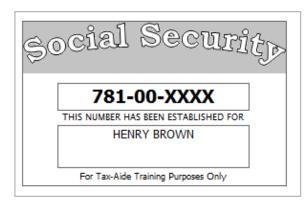
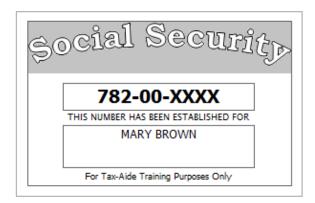
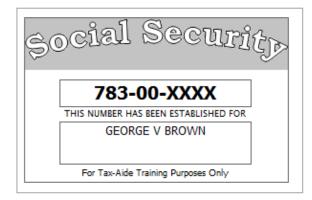
Interview Notes: (See also: General Notes)

- 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.
- Henry started receiving his pension from Fidelity this year









HENRY BROWN MARY BROWN 25 DIAMOND ROAD DENVILLE, NJ 07834		1234
PAY TO THEORDER OF	\$ DOLLARS	
Big Bank Route 10, Denville, NJ 07834 For		

FORM	I SSA-1099 - SOCIAI	SECUR	RITY BENEFIT STATEMENT					
2015 PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.								
Box 1. Name HENRY BROWN			Box 2. Beneficiary's Social Security 781-00-XXXX					
Box 3. Benefits Paid in 2014 \$13,333.00	Box 4. Benefits Repaid to	to SSA in Box 5. Net Benefits Paid for 2014 (Box 3 minus B \$13,333.00						
DESCRIPTION OF AMOU	UNT 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	Box 6. Volu	untary Federal Income Tax Withheld					
Benefits for 2014	\$13,333.00		\$1,333.00					
		Box 7. Address HENRY BROWN 25 DIAMOND ROAD DENVILLE, NJ 07834						
Box 8. Claim Number (use this number if you need to contact SSA)								
Form SSA-1099-SM								

		e's social security number 31-00-XXXX								
b. Employer identification number (EIN) 70-9XXXXXX			1. Wages, tips \$1	•		2. Federal income tax withheld \$975.00				
c. Employer's name, address, city state and ZIP Code GREEN GRASS GOLF 25 WOOD LANE			3. Social secur	ity wages .5,100.00	1	4. Social sec	4. Social security tax withheld \$936.20			
			5. Medicare wa	,		6. Medicare	6. Medicare tax withheld			
DENVILLE, NJ 078	34				5,100.00)			218.95	
				7. Social secur	ity tips		8. Allocated	tips		
d. Control number				9.			10. Depend	10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code HENRY BROWN			11. Nonqualified plans			12a. See ins	tructio	ons for box 12		
25 DIAMOND ROAD DENVILLE, NJ 07834				13. Statutory Employee	Retiremer Plan	Third-party sickpay	12b.			
				14. Other NJSUI		\$64.18	12c.			
				NJSDI		\$37.75	12d.			
				NJFLI		\$13.59				
15. State Employer's stat NJ 709XXXX		16. State wages, tips, etc. \$15,100.00	17. St	ate income tax \$250.00	18. Local w	ages, tips, etc.	19. Local income	tax	20. Locality name	
Form W-2 Wage and Tax Statement 2015 Copy B - To Be FIled With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.										

		's social security number 2-XX-XXXX								
b. Employer identification nu	umber (EIN)			Wages, tips, other compensation			2. Federal	2. Federal income tax withheld		
70-8XXXXXX			\$2	20,900.	50		\$1,400.00			
c. Employer's name, addres	s, city state	and ZIP Code		3. Social secur	ity wages	5	4. Social se	ecurity tax withheld		
JOE'S # 1 BAR & G				\$2	1,796.	50		\$1,351.38		
FUDY CT	JKILL			5. Medicare wa	ages and	tips	6. Medicare	e tax withheld		
DENVILLE, NJ 0783	24			\$2	23,300.	50		\$337.86		
DEINVILLE, IN 0703	7 1			7. Social secur	ity tips		8. Allocate	d tips		
					\$504.	00				
d. Control number				9.			10. Depend	dant care benefits		
e. Employee's name (first, ir	nitial, last), a	ddress, city, state and ZIP	code	11. Nongualifie	d plans		12a. See in:	structions for box 12		
MARY BROWN							D	\$1,400.	.00	
32145 LONG ROAD DOVER, NJ 07801				13. Statutory Employee	Plan	er Third-party sickpay	12b.	1		
					X					
				14. Other			12c.	1		
				NJSUI		\$88.83				
				NJSDI		\$52.25	12d.	1		
				NJFLI		\$18.81				
15. State Employer's state NJ 708XXXXX		16. State wages, tips, etc. \$20,900.50	17. St	ate income tax	18. Loca	l wages, tips, etc.	19. Local incom	ne tax 20. Locality na	ame	
Form W-2 Wage and Tax Statement 2015										
Copy B - To Be FIled With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.										
i nis information is being fu	irnished to th	e Internal Revenue Service	е.							

☐ corri	ECTED (if	checked)						
NATIONAL CITY BANK		Payer's RTN (optional)	2015	Interest				
		1 Interest income \$325.00	Forr 626.54	Income				
SETTILLELY TO GROOT	2 Early withdrawal penalty		Сору В					
PAYER'S Federal identification number RECIPIENT'S identification number 70-7XXXXXX 781-00-XXX	3 Interest on US Savings Bonds	s and Treas. obligations	For Recipient					
RECIPIENT'S name, address, city, state, and ZIP code HENRY BROWN	4 Federal income tax withheld	5 Investment expenses	This is important tax information and is					
25 DIAMOND ROAD DENVILLE, NJ 07834	6 Foreign Tax Paid	7 Foreign Country or US possession	being furnished to the Internal Revenue Service. If you are					
DENVILLE, NJ 07834		8 Tax exempt interest	9 Specified private activity bond interest	required to file a return, a negligence penalty or other sanction may be				
	FATCA filing			imposed on you if this income is taxable and the IRS				
	12	13 Bond Premium on tax-exempt bond	determines that it has not been reported					
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	Form 1099-INT							

	COF	RECTED	(if check	ed)			
PAYER'S name, address, city, state, ZIP code DREYFUS		1 Total Ordinary Dividends \$645.00		2015		Dividends and Distributions	
PO BOX 9879 PORVIDENCE, RI 02940			1b Qualifie	d Dividends \$455.00	Form 1099-DIV		
			2a Total ca	apital gain distr. \$256.00	2b Unrecap. Sec. 1250	gain	Сору В
PAYER'S Federal identification number 70-6XXXXXX	RECIPIENT'S identifi 781-00-X		2c Section	1202 gain	2d Collectables (28%) g	ain	For Recipient
RECIPIENT'S name, address, city, sta	ite, ZIP code		3 Nondivid	end distributions	4 Federal income tax wi		This is important toy
25 DIAMOND ROAD DENVILLE, NJ 07834					5 Investment expenses		This is important tax information and is being furnished to the Internal Revenue
			6 Foreign 1	Гах Paid	7 Foreign Country or US	possession	Service. If you are required to file a return, a negligence
			8 Cash liqu	idation distributions	9 Noncash liquidation di	stribution	penalty or other sanction may be imposed on you if
		FATCA filing requirment		-Interest dividends	11 Specified private act bond interest dividen	ds	this income is taxable and the IRS determines that it has
Account number (see instructions)			12 State	13 State Identificat	ion no. 14 State tax wi	thheld	not been reported.
Form 1099-DIV					1		

		Distributions From Pensions, Annuities,				
PAYER'S name, address, city, state, ZIP code FIDELITY INVESTMENTS PO BOX 673000		1 Gross distribution \$4,500.00		2015		Retirement or Profit-Sharing Plans, IRAs,
DALLAS, TX 75267			,500.00	Form 1099-R		Insurance Contracts, etc.
·		2b Taxable amount not determined.		Total Distribution		Copy B Report this
PAYER'S Federal identification number 70-5XXXXXX	RECIPIENT'S identification number 781-00-XXXX	3 Capital gain (included in box 2a).		4 Federal income tax withheld \$700.00		income on your federal tax return. If this form shows
RECIPIENT'S name, address, city, state, ZIP code HENRY BROWN 25 DIAMOND ROAD		5 Employee con /Designated Ro contributions or insurance prem	th ·	6 Net unrealized appreciation in employer's securities		federal income tax withheld in box 4, attach this copy to your return.
DENVILLE, NJ 07834		7.Distribution Code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to the Internal Revenue Service
		9a Your percenta distribution	age of total %	9b Total Employee Contri	outions	
10. Amount allocable to IRR within 5 years	1st year of desig. Roth contrib.	12. State tax wit	hheld	13. State/Payer's state n	0.	14. State Distribution
Account number (see instructions)		15. Local tax withheld		16. Name of Locality		17. Local Distribution
Form 1099-R						

	CORRECTE	D (If che	cked)				
PAYER'S name, address, city, state, ZIP code			yment compensation			Certain	
NEW JERSEY DEPARTMEN	T OF LABOR	2 State or local income tax		2015		_	
PO BOX 908					Government		
TRENTON, NJ 08625		refunds, credits or offsets		Form 1099-G	Payments		
PAYER'S Federal identification number 22-2481818			nount is for tax year	4 Federal income tax withheld \$589.00		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	
RECIPIENT'S name, address, city, state MARY BROWN	e, ZIP code	5 RTAA payments		6 Taxable grants			
25 DIAMOND ROAD DENVILLE, NJ 07834		7 Agriculture payments		8 If checked, box 2 is trade or business income >			
		9 Market qain				other sanction may be imposed on you if this income is taxable and	
Account number (see instructions)		10. State	10b State identificati	ion no. 11 State income	tax withheld	the IRS determines that	
		NJ .			it has not been reported.		
Form 1099-G		1	1	ı		1	