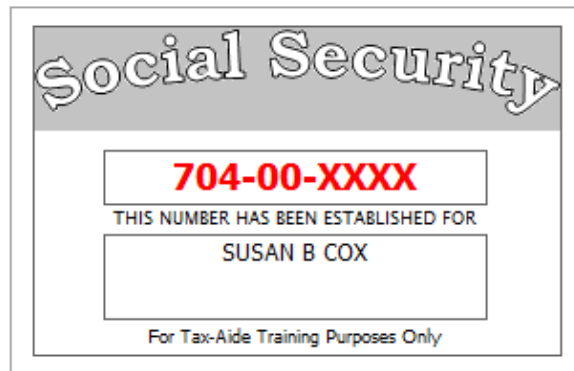


FAME-00 White Scenario

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 Whites paid \$9,000 in rent while living in Dover through June (They had lived at the Dover address for many years)
4. The Whites 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
6. All of the Whites had MEC health coverage for the entire year and did not purchase it through the Marketplace.
7. See General Information for all FAME problems for additional notes.



FAME-00 White Scenario

Henry White Mary White 25 Diamond Road Denville, NJ 07834	1234
PAY TO THE ORDER OF _____	\$ _____ DOLLARS
Your Bank Bank City, State, ZIP Code	
For _____	
: 325070760 : 987123654 1234	

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT			
2015		<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 WHITE	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	Box 6. Voluntary Federal Income Tax Withheld \$1,333.00	
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 Benefits for 2014	\$13,333.00 \$13,333.00		
Box 7. Address HENRY WHITE 25 DIAMOND ROAD DENVER, NJ 07834		Box 8. Claim Number (use this number if you need to contact SSA) 701-XX-XXXXA	

Form SSA-1099-SM

FAME-00 White 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		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code HENRY WHITE 25 DIAMOND ROAD DENVER, NJ 07834		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee Retiremer Third-party sickpay <input type="checkbox"/> <input type="checkbox"/> <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 2015 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 \$626.54		
		5. Medicare wages and tips \$10,609.50		6. Medicare tax withheld \$153.84		
		7. Social security tips \$504.00		8. Allocated tips		
d. Control number		9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code MARY WHITE 32145 LONG ROAD DOVER, NJ 07801		11. Nonqualified plans		12a. See instructions for box 12 D \$406.00		
		13. Statutory Employee Retiremer Third-party sickpay <input type="checkbox"/> <input checked="" type="checkbox"/> <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 2015 Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.						

FAME-00 White Scenario

<input type="checkbox"/> CORRECTED (if checked)				2015		Interest Income	
PAYER'S name, address, city, state, ZIP code NATIONAL CITY BANK 15 MAIN ST DENVER, NJ 07834		Payer's RTN (optional)		Form 1099-INT		Copy B For Recipient	
		1 Interest income \$325.00					
		2 Early withdrawal penalty				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	
PAYER'S Federal identification number 70-7XXXXXX	RECIPIENT'S identification number 701-XX-XXXX	3 Interest on US Savings Bonds and Treas. obligations					
RECIPIENT'S name, address, city, state, and ZIP code HENRY WHITE 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			
		12		13 Bond Premium on tax-exempt bond			
		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State Identification no	17 State tax withheld	
Account number (see instructions)				-----	-----	-----	
Form 1099-INT							

<input type="checkbox"/> CORRECTED (if checked)				2015		Dividends and Distributions	
PAYER'S name, address, city, state, ZIP code DREYFUS PO BOX 9879 PROVIDENCE, RI 02940		1 Total Ordinary Dividends \$645.00		Form 1099-DIV		Copy B For Recipient	
		1b Qualified Dividends \$455.00					
		2a Total capital gain distr. \$256.00		2b Unrecap. Sec. 1250 gain		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.	
PAYER'S Federal identification number 70-6XXXXXX	RECIPIENT'S identification number 701-XX-XXXX	2c Section 1202 gain		2d Collectables (28%) gain			
RECIPIENT'S name, address, city, state, ZIP code HENRY WHITE 25 DIAMOND ROAD DENVER, NJ 07834		3 Nondividend distributions		4 Federal income tax withheld \$64.00			
				5 Investment expenses			
		6 Foreign Tax Paid		7 Foreign Country or US possession			
		8 Cash liquidation distributions		9 Noncash liquidation distribution			
		10 Exempt-Interest dividends		11 Specified private activity bond interest dividends			
		12 State		13 State Identification no.	14 State tax withheld		
Account number (see instructions)				-----	-----	-----	
Form 1099-DIV							

FAME-00 White Scenario

<input type="checkbox"/> CORRECTED (if checked)		2015 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 WHITE 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 <input type="checkbox"/>
		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)		2015 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 WHITE 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

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.

FAME-00 White Scenario

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, and ZIP code NJ LOTTERY COMMISSION 1 LOSSER LANE TRENTON, NJ 08610		1. Gross winnings \$1,400.00	2. Date won 08/01/2015	<h2 style="margin: 0;">2015</h2> <p style="margin: 0;">Form W2-G</p> <p style="margin: 0;">Certain Gambling Winnings</p>
		3. Type of wager NJ LOTTERY	4. Federal income tax withheld	
		5. Transaction	6. Race	
		7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number 35-4658753	Payer's Telephone number	9. Winner's taxpayer identification no. 702-00-XXXX	10. Window	This information s being furnished to the Internal Revenue Service 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.
WINNER'S name, address, city, state, and ZIP MARY WHITE 25 DIAMOND ROAD DENVILLE, NJ 07834		11. First I.D.	12. Second I.D.	
		13. State Payer's identification no.	14. State Winnings	
		15. State income tax withheld	16. Local Winnings	
		17. Local income tax withheld	18. Name of locality	
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.				
Signature >		Date >		
Form W-2G				

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, address, city, state, and ZIP code BIG CASINO 4 WINNER LANE .. DENVILLE, NJ 07834		1. Gross winnings \$675.00	2. Date won 07/01/2015	<h2 style="margin: 0;">2015</h2> <p style="margin: 0;">Form W2-G</p> <p style="margin: 0;">Certain Gambling Winnings</p>
		3. Type of wager SLOTS	4. Federal income tax withheld	
		5. Transaction	6. Race	
		7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number 36-4658753	Payer's Telephone number	9. Winner's taxpayer identification no. 702-00-XXXX	10. Window	This information s being furnished to the Internal Revenue Service 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.
WINNER'S name, address, city, state, and ZIP MARY WHITE 25 DIAMOND ROAD DENVILLE, NJ 07834		11. First I.D.	12. Second I.D.	
		13. State Payer's identification no.	14. State Winnings	
		15. State income tax withheld	16. Local Winnings	
		17. Local income tax withheld	18. Name of locality	
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.				
Signature >		Date >		
Form W-2G				

FAME-00 White Scenario

Total gambling losses for the year is \$2,500.00

<input type="checkbox"/> CORRECTED			Applicable Check Box on Form 8949 D - LNG TERM REP		2015 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions	
PAYER'S name, address, city, state, ZIP code MONEY R US 234 SHORT ST DOVER, NJ 07801			1a Description of Property (Example 100 sh. XYZ Co.) MICROSOFT				
			1b Date acquired 05/23/2006	1c Date sold or disposed 07/15/2015			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.
PAYER'S Federal identification number 21-6030752	RECIPIENT'S identification number 701-XX-XXXX	1d Proceeds \$3,000.00	1e Cost or other basis \$3,500.00				
		1f Code, if any W	1g Adjustments \$500.00				
RECIPIENT'S name, address, city, state, ZIP code HENRY WHITE 25 DIAMOND ROAD DENVER, NJ 07834			2 Type of Gain or loss Short term <input type="checkbox"/> Long term <input checked="" type="checkbox"/>	3 If checked, basis reported to IRS <input checked="" type="checkbox"/>			
			4 Federal income tax withheld	5 If checked, noncovered security <input type="checkbox"/>			
			6 Reported to IRS Gross proceeds <input type="checkbox"/> Net proceeds <input checked="" type="checkbox"/>	7 If checked, loss is not allowed due to amount in 1d <input type="checkbox"/>			
Account number (see instructions)			8 Profit or (loss) realized in 2015 on closed contracts	9 Unrealized profit or (loss) on open contracts - 12/31/2014			
CUSIP number			10 Unrealized profit or (loss) on open contracts - 12/31/2015	11 Aggregate profit or (loss) on contracts			
14 State Name	15 State identification no.	18 State tax withheld	12	12 Bartering			
Form 1099-B							

FAME-00 White Scenario

Proposed Deductions

Medical

- Doctors - \$500
- Hospitals - \$675
- Prescription Glasses - \$842
- Prescription Drugs - \$645
- Medical Miles – 680
- Hank Supplemental Medicare Insurance from AARP - \$6,000/ year
- Long term Care Insurance – Henry - \$1,500/ year
- Long Term Care Insurance Mary - \$ 750/year

Cash Contributions

- Church - \$1,150
- Volunteer Fire Dept - \$100
- Salvation Army - \$100

Non Cash Contributions

- Clothing to Goodwill - \$250

Safe Deposit Box - \$90/year

Gambling Losses - \$2,500

Property Tax Paid for Primary Residence for 6 months - \$4,534