

## FAME-01 Meadows Scenario

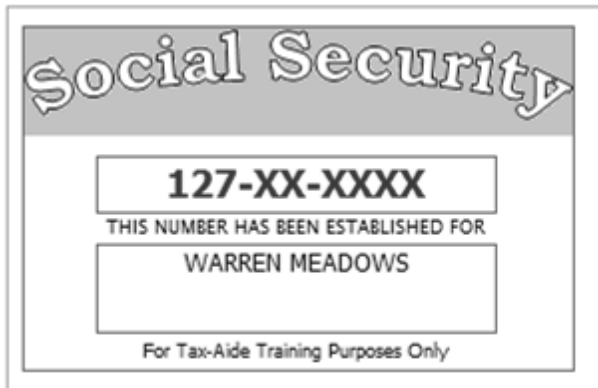
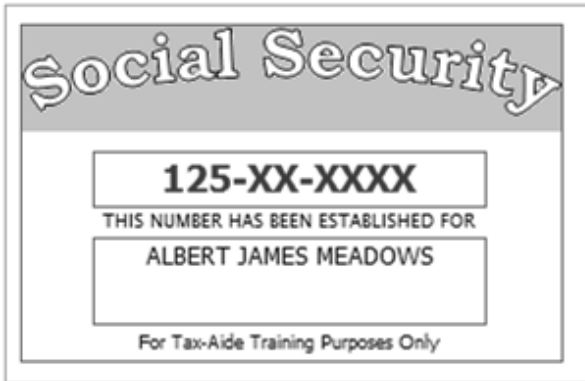
### Interview Notes - Meadows

Albert was married previously to Eleanor Meadows 128-xx-xxxx and he pays her \$100.00 per month alimony.

Albert retired from AMTRAK and started drawing his pension on December 1, 2013, after 30 years of service. His pension was set up as joint/survivor as he didn't retire until after he had married Lois.

Albert is not eligible for retiree health insurance coverage at this time. Lois just started work and doesn't have health insurance through her employer. Their son Warren did not have health insurance either. Albert purchased health insurance thru the Marketplace for himself, his wife and his son, in December 2014. When Albert purchased health insurance for the family he estimated their household income at \$2,000 per month.

The Meadows family paid rent on their apartment in NJ of \$1,750.00/ Month



## FAME-01 Meadows Scenario

		a. Employee's social security number <b>126-XX-XXXX</b>					
b. Employer identification number (EIN) <b>11-4XXXXXX</b>		1. Wages, tips, other compensation <b>\$8,999.56</b>		2. Federal income tax withheld <b>\$925.98</b>			
c. Employer's name, address, city state and ZIP Code  <b>ELMONT ELEMENTARY SCHOOL 640 MAIN ST DENVER, NJ 07834</b>		3. Social security wages <b>\$9,449.56</b>		4. Social security tax withheld <b>\$585.87</b>			
		5. Medicare wages and tips <b>\$9,449.56</b>		6. Medicare tax withheld <b>\$137.02</b>			
		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 <b>LOIS C. MEADOWS  24 NORTH STREET  DENVER, NJ 07834</b>		11. Nonqualified plans		12a. See instructions for box 12 <b>D</b>   <b>\$450.00</b>			
		13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.			
		14. Other		12c.			
		NJSUI .....38.25 DI.....22.50 FLI.....8.10		12d.			
15. State <b>YS</b>	Employer's state ID number <b>114XXXXXX</b>	16. State wages, tips, etc. <b>\$8,999.56</b>	17. State income tax <b>\$125.00</b>	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
<p>Form <b>W-2</b> Wage and Tax Statement <b>2015</b>  <b>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</b>                  This information is being furnished to the Internal Revenue Service.</p>							

<input type="checkbox"/> CORRECTED (if checked)											
PAYER'S name, address, city, state, ZIP code <b>MARSHLAND NATIONAL BANK 200 MAIN STREET WILMINGTON DE 19803</b>			Payer's RTN (optional)		<b>2015</b> Form 1099-INT		<b>Interest Income</b>  <b>Copy B</b>  <b>For Recipient</b>				
			1 Interest income <b>\$236.54</b>								
			2 Early withdrawal penalty <b>\$23.06</b>								
PAYER'S Federal identification number <b>11-2XXXXXX</b>		RECIPIENT'S identification number <b>125-XX-XXXX</b>		3 Interest on US Savings Bonds and Treas. obligations <b>\$532.00</b>		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					
RECIPIENT'S name, address, city, state, and ZIP code <b>ALBERT MEADOWS  24 NORTH STREET  DENVER, NJ 07834</b>				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					
Account number (see instructions)				14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State Identification no		17 State tax withheld	
Form <b>1099-INT</b>											

## FAME-01 Meadows Scenario

<input type="checkbox"/> CORRECTED (if checked)				<b>2015</b>		<b>Dividends and Distributions</b>	
PAYER'S name, address, city, state, ZIP code <b>DELAWARE ELECTRIC</b>  <b>105 JUDGES ST</b> <b>WILMINGTON, DE 19803</b>		1 Total Ordinary Dividends <b>\$232.00</b>		<b>2015</b> Form 1099-DIV		<b>Copy B</b> <b>For Recipient</b>  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 <b>\$232.00</b>					
		2a Total capital gain distr. <b>\$45.00</b>		2b Unrecap. Sec. 1250 gain			
PAYER'S Federal identification number <b>11-1XXXXXX</b>	RECIPIENT'S identification number <b>125-XX-XXXX</b>	2c Section 1202 gain		2d Collectables (28%) gain			
RECIPIENT'S name, address, city, state, ZIP code <b>ALBERT J. MEADOWS</b>  <b>24 NORTH ST</b>  <b>DENVILLE, NJ 07834</b>		3 Nondividend distributions <b>\$14.75</b>		4 Federal income tax withheld			
				5 Investment expenses			
		6 Foreign Tax Paid <b>\$34.80</b>		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			
Account number (see instructions)		12 State		13 State Identification no.		14 State tax withheld	
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Form <b>1099-DIV</b>							

<input type="checkbox"/> CORRECTED (if checked)				<b>2015</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S name, address, city, state, ZIP code <b>SECOND FEDERAL CREDIT UNION</b> <b>242 MOTT ST</b> <b>WILMINGTON DE 19802</b>		1 Gross distribution <b>\$1,975.00</b>		<b>2015</b> Form 1099-R		<b>Copy B</b> <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.</b>  This information is being furnished to the Internal Revenue Service	
		2a Taxable amount <b>\$1,975.00</b>					
		2b Taxable amount not determined. <input checked="" type="checkbox"/>		Total Distribution <input type="checkbox"/>			
PAYER'S Federal identification number <b>11-3XXXXXX</b>	RECIPIENT'S identification number <b>125-XX-XXXX</b>	3 Capital gain (included in box 2a).		4 Federal income tax withheld <b>\$200.00</b>			
RECIPIENT'S name, address, city, state, ZIP code <b>ALBERT J. MEADOWS</b>  <b>24 NORTH STREET</b>  <b>DENVILLE, NJ 07834</b>		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		7 Distribution Code(s) <b>7</b>	IRA/SEP/SIMPLE <input checked="" 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. <b>113XXXXXX</b>		14. State Distribution <b>\$1,975.00</b>	
Account number (see instructions)		15. Local tax withheld		16. Name of Locality		17. Local Distribution	
		-----		-----		-----	
Form <b>1099-R</b>							

## FAME-01 Meadows Scenario

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N. RUSH ST. CHICAGO, IL 60611-2092		<h1 style="margin: 0;">2015</h1>	PAYMENTS BY THE RAILROAD RETIREMENT BOARD	
PAYER'S FEDERAL IDENTIFYING NO.	15-6XXXXXX	3. Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 2016	\$14,782.00	COPY B - FOR RECIPIENTS RECORDS  THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
1. Claim Number and Payee Code	A1250467594	4. Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2016		
2. Recipient's Identification Number	125-XX-XXXX	5. Net Social Security Equivalent Benefit Portion of Tier 1 paid in 2016*	\$14,782.00	
Recipient's Name, Address, City, State and ZIP Code  ALBERT JAMES MEADOWS  24 NORTH ST  DENVER, NJ 07834		6. Workers Compensation Offset in 2016		
		7. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2015		
		8. Social Security Equivalent Benefit Portion of Tier 1 Paid for 2014		
		9. Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2013		
		10. Federal Income Tax Withheld	11. Medicare Premium	

Form **RRB-1099**

PAYER'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE UNITED STATES RAILROAD RETIREMENT BOARD 844 N. RUSH ST. CHICAGO, IL 60611-2092		<h1 style="margin: 0;">2015</h1>	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD			
PAYER'S FEDERAL IDENTIFYING NO.	15-6XXXXXX	3. Employee Contributions	\$38,442.56	COPY B -       THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.		
1. Claim Number and Payee Code	A1250467594	4. Contributory Amount Paid	\$21,569.56			
2. Recipient's Identification Number	125-XX-XXXX	5. Vested Dual Benefit				
Recipient's Name, Address, City, State and ZIP Code  ALBERT JAMES MEADOWS  24 NORTH ST  DENVER, NJ 07834		6. Supplemental Annuity				
		7. Total Gross Paid	\$21,569.56			
		8. Repayments				
		9. Federal Income Tax Withheld	\$1,420.00			
		10. Rate of Tax			11 Country	12 Medicare Premium

Form **RRB-1099-R**

<input type="checkbox"/> CORRECTED (if checked)				
RECIPIENT'S/LENDER'S name, address, city, state, and ZIP code WOODBURY COMMUNITY COLLEGE 23 WORTH ST WILMINGTON, DE 19802		<h1 style="margin: 0;">2015</h1>	<h2 style="margin: 0;">Student Loan Interest Statement</h2>	
		Form 1098-E		
RECIPIENT'S federal identification no.	BORROWER'S social security number	1 Student loan interest received by lender		<b>Copy B For Borrower</b>  This 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
10-4XXXXXX	126-XX-XXXX	\$175.00		
BORROWER'S name, address, city, state and ZIP code				
LOIS C. MEADOWS  24 NORTH STREET  DENVER, NJ 07834				
Account number (see instructions)		2 If checked box 1 does not include loan origination fees and/or capitalized interest for loans made before September, 1 2004 . . . . . <input type="checkbox"/>		
Form <b>1098-E</b>				

## FAME-01 Meadows Scenario

Form <b>1095-A</b> Department of the Treasury Internal Revenue Service	<b>Health Insurance Marketplace Statement</b> > Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .	OMB No. 1545-2232  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2015</div>		
<b>Part I Recipient Information</b>				
1 Marketplace Identifier 12-333XXXX	2 Marketplace-assigned policy number XXXXXX	3 Policy issuer's name INSURER		
4 Recipient's name ALBERT JAMES MEADOWS		5 Recipient's SSN 125-XX-XXXX		
		6 Recipient's date of birth 01/17/1953		
7 Recipient's spouse's name LOIS CHRISTINE MEADOWS		8 Recipient's spouse's SSN 126-XX-XXXX		
		9 Recipient's spouse's date of birth 03/15/1975		
10 Policy start date 01/01/2016	11 Policy Termination Date 12/31/2016	12 Street Address (including apartment number) 24 NORTH STREET		
13 City, State, Country and ZIP code DENVER, NJ 07834				
<b>Part II Coverage Household</b>				
A Covered Individual Name	B Covered Individual SSN	C. Date of	D. Start Date	E. Termination
16 ALBERT J. MEADOWS	125-XX-XXXX	01/17/1953	01/01/2015	12/31/2015
17 LOIS C. MEADOWS	126-XX-XXXX	03/15/1975	1/01/2015	12/31/2015
18 WARREN MEADOWS	127-XX-XXXX	06/21/2001	01/01/2015	12/31/2015
19				
20				
Form: <b>1095-A</b>				
<b>Part III Household Information</b>				
Month	A Monthly Premium Amount	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax	
21 January	\$147.67	\$125.00	\$0.00	
22 February	\$147.67	\$125.00	\$0.00	
23 March	\$147.67	\$125.00	\$0.00	
24 April	\$147.67	\$125.00	\$0.00	
25 May	\$147.67	\$125.00	\$0.00	
26 June	\$147.67	\$125.00	\$0.00	
27 July	\$147.67	\$125.00	\$0.00	
28 August	\$147.67	\$125.00	\$0.00	
29 September	\$147.67	\$125.00	\$0.00	
30 October	\$147.67	\$125.00	\$0.00	
31 November	\$147.67	\$125.00	\$0.00	
32 December	\$147.67	\$125.00	\$0.00	
33 Annual Totals	\$1,772.04	\$1,500.00	\$0.00	
Part III for ALBERT MEADOWS				
Form: <b>1095-A</b>				

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Answer Notes:

TS does not move the RRB pension to the NJ return. This is correct.