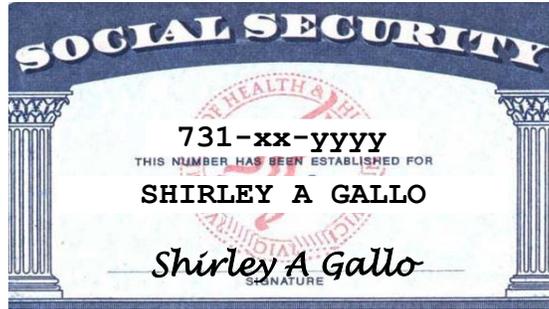


FAM-03 Gallo Scenario

Interview Notes: (See also: General Notes)

1. Shirley worked part time to earn spending money.
2. Shirley is single and living with her parents while she attends college full time.
3. Shirley is totally supported by her parents and her parents will claim her as a dependent on their return.

Documents:



		a. Employee's social security number 731-XX-XXXX				
b. Employer identification number (EIN) 73-9XXXXXX		1. Wages, tips, other compensation \$4,311.68		2. Federal income tax withheld \$104.00		
c. Employer's name, address, city state and ZIP Code THE KANSAS CITY STEAK HOUSE 341 JOHNSON BLVD KANSAS CITY, MO 64141		3. Social security wages \$4,311.68		4. Social security tax withheld \$267.32		
		5. Medicare wages and tips \$4,311.68		6. Medicare tax withheld \$62.52		
		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 SHIRLY A GALLO 2715 AMOS ST APT 6A MANAHAWKIN, NJ 08050		11. Nonqualified plans		12a. See instructions for box 12		
		13. Statutory Employee <input type="checkbox"/> Retiremer Plan <input type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b.		
		14. Other NJSUI \$18.32		12c.		
		NJSDI \$10.78 NJFLI \$3.88		12d.		
15. State NJ	Employer's state ID number 739XXXXXX	16. State wages, tips, etc. \$4,311.68	17. State income tax \$19.00	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.						

FAM-03 Gallo Scenario

<input type="checkbox"/> CORRECTED (if checked)								
PAYER'S name, address, city, state, ZIP code BIG BANK 67 MONEY LANE MANAHAWKIN, NJ 08050			Payer's RTN (optional)		<h1 style="margin: 0;">20 15</h1> <p style="margin: 0;">Form 1099-INT</p>		Interest Income	
			1 Interest income					
PAYER'S Federal identification number 21-1XXXXXX			RECIPIENT'S identification number 731-XX-XXXX		2 Early withdrawal penalty		Copy B For Recipient	
					3 Interest on US Savings Bonds and Treas. obligations			
RECIPIENT'S name, address, city, state, and ZIP code SHIRLY A GALLO 2715 AMOS ST APT 6A MANAHAWKIN, NJ 08050			4 Federal income tax withheld		5 Investment expenses		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	
			6 Foreign Tax Paid		7 Foreign Country or US possession			
			8 Tax exempt interest \$23.00		9 Specified private activity bond interest			
			10 Market Discount		11 Bond Premium			
Account number (see instructions)			FATCA filing requirement <input type="checkbox"/>		12		13 Bond Premium on tax-exempt bond	
					14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State Identification no
					-----	-----	-----	
Form 1099-INT								

The tax exempt interest received was from a NJ Turnpike Bond and it is tax exempt in NJ.