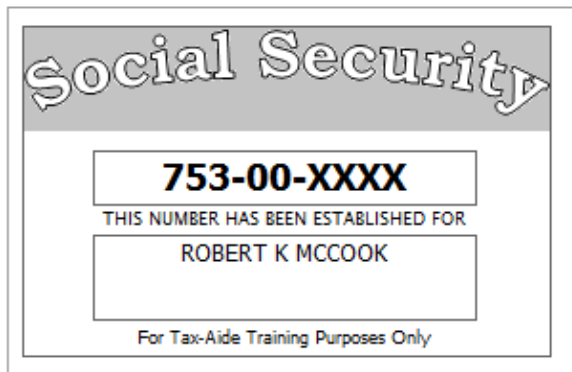
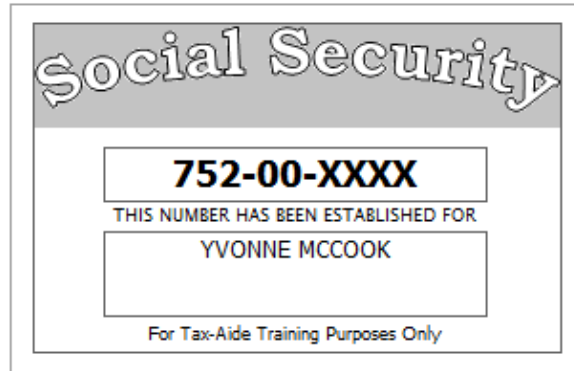
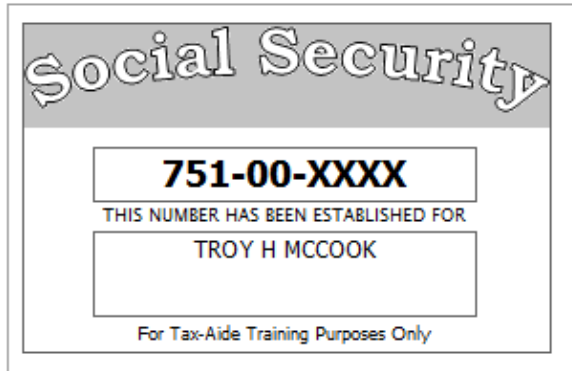


FAM-04 McCook Scenario

Interview Notes: (See also: General Notes)

1. The McCooks do not own a home. They paid rent of \$12,500.00 for the year.
2. Robert McCook is still in High School.

Documents:



FAM-04 McCook Scenario

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

<b style="font-size: 24pt;">20 15		<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 2015 \$12,765.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (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 Medicare Part B premiums deducted from your benefits Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions Benefits for 2015	\$9,869.70 \$1,258.80 \$360.00 \$12,765.00 \$12,765.00	Box 6. Voluntary Federal Income Tax Withheld \$1,276.50	
		Box 7. Address TROY H MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524	
		Box 8. Claim Number (use this number if you need to contact SSA) 751-XX-XXXXA	

Form SSA-1099-SM

FAM-04 McCook Scenario

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2015	<input type="radio"/> PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. <input type="radio"/> 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 2015 \$10,200.00	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2015 (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 \$8,547.20			
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 \$394.00	
Benefits for 2015 \$10,200.00		Box 7. Address YVONNE MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524	
		Box 8. Claim Number (use this number if you need to contact SSA) 752-XX-XXXXA	

Form **SSA-1099-SM**

<input type="checkbox"/> CORRECTED (if checked)				<div style="font-size: 24pt; font-weight: bold;">2015</div> <div>Form 1099-DIV</div>		Dividends and Distributions			
PAYER'S name, address, city, state, ZIP code		1 Total Ordinary Dividends		<div style="font-size: 24pt; font-weight: bold;">2015</div> <div>Form 1099-DIV</div>		Copy B For Recipient			
OPPENHEIMER FUND PO BOX 5270 DENVER, CO 80217		\$23,500.00							
		1b Qualified Dividends							
PAYER'S Federal identification number 75-9XXXXXX		RECIPIENT'S identification number 751-00-XXXX		\$23,500.00		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.			
				2a Total capital gain distr.				2b Unrecap. Sec. 1250 gain	
RECIPIENT'S name, address, city, state, ZIP code TROY H MCCOOK 30911 CHARLES BUSBY ROAD PATERSON, NJ 07524		\$7,775.00		2c Section 1202 gain				2d Collectables (28%) gain	
		3 Nondividend distributions		4 Federal income tax withheld					
		6 Foreign Tax Paid		5 Investment expenses					
		8 Cash liquidation distributions		7 Foreign Country or US possession					
		10 Exempt-Interest dividends		9 Noncash liquidation distribution					
		11 Specified private activity bond interest dividends		12 State					
Account number (see instructions)		13 State Identification no.		14 State tax withheld					

Form **1099-DIV**

FAM-04 McCook 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 AMERITECH PENSION TRUST PO BOX 1389 BOSTON, MA 02104		1 Gross distribution \$13,223.00			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
		2a Taxable amount \$13,223.00			
		2b Taxable amount not determined. <input checked="" 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		
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					

<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 PHOENIX INVESTMENT PARTNERS 101 MUNSON STREET GREENFIELD, MA 01301		1 Gross distribution \$12,250.00			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
		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		
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 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.	14. State Distribution	
Account number (see instructions)		15. Local tax withheld	16. Name of Locality	17. Local Distribution	
Form 1099-R					