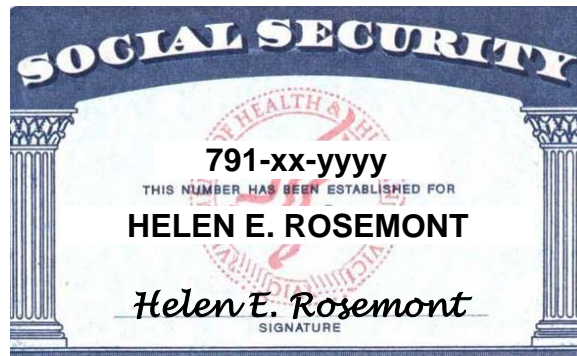


FAM-05 Rosemont Scenario

Interview Notes: (See also: General Notes)


1. Helen has not lived with her husband, Peter Rosemont, for several years. His SSN is 782-00-yyyy.
2. Peter did not itemize last year nor will he be itemizing this year.
3. Helen rents a home and pays \$1,400.00/month rent.

Documents:



HELEN E ROSEMONT 90 MAIN STREET MEDFORD, NJ 08055	1234
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
PNC Bank Medford, NJ 08055	
For _____	
: 031207607 : 123123123 1234	

FAM-05 Rosemont Scenario

a Employee's social security number 791-xx-yyyy		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile						
b Employer identification number (EIN) 98-9xyyyyy			1 Wages, tips, other compensation 26,482.00		2 Federal income tax withheld 1,872.00									
c Employer's name, address, and ZIP code Hair Do Salon 90 Main Street Medford, NJ 08055			3 Social security wages 23,834.00		4 Social security tax withheld 1641.88									
			5 Medicare wages and tips 26,482.00		6 Medicare tax withheld 383.99									
			7 Social security tips 2,648.00		8 Allocated tips									
d Control number			9		10 Dependent care benefits									
e Employee's first name and initial Last name Helen E. Rosemont 22 River Road Medford, NJ 08055			Suff. 11 Nonqualified plans		12a See instructions for box 12									
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b									
			14 Other NJSUI 112.55 NJSDI 66.21 NJFLI 23.83		12c									
					12d									
f Employee's address and ZIP code			15 State Employer's state ID number NJ 98-9xyyyyy/000		16 State wages, tips, etc. 26,482.00		17 State income tax 329.84		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2015

Department of the Treasury – Internal Revenue Service

Copy B – To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

<input type="checkbox"/> CORRECTED (if checked)											
PAYER'S name, street address, city, state, ZIP code, and telephone no. New Jersey Department of Labor PO Box 908 Trenton, NJ 08625				1 Unemployment compensation \$ 3,156.00		OMB No. 1545-0120 2015 Form 1099-G		Certain Government Payments			
				2 State or local income tax refunds, credits, or offsets \$							
PAYER'S federal identification number 22-2481818		RECIPIENT'S identification number 791-xx-yyyy		3 Box 2 amount is for tax year		4 Federal income tax withheld \$ 315.60		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.			
RECIPIENT'S name Helen E. Rosemont Street address (including apt. no.) 22 River Road City, state, and ZIP code Medford, NJ 08055				5 ATAA/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)				10a State NJ	10b State identification no.	11 State income tax withheld \$					

Form 1099-G (keep for your records) Department of the Treasury - Internal Revenue Service