

## FAME-03 Thompson Scenario

### Interview Notes – Thompson

Troy and Yvonne are retired. They itemized the last three years and took a property tax deduction. They did not get an income tax refund from NJ.

Troy has full Medicare coverage. Yvonne didn't have any coverage until July 1, when she purchased a health insurance policy directly from a local company. The cost for the six months of coverage was \$2,700. Yvonne does not qualify for an exemption due to incarceration nor for being a member of an Indian tribe or a health care sharing ministry. Even though Yvonne does not have health insurance coverage for part of the year, the Thompsons do qualify for affordability exemption A. If you like, use the Affordability Calculator on the TP4F preparer's page to verify this. A copy is included on TP4F.

When Troy sold stock in August, he decided to make some estimated payments. He sent \$400 on 8/30 and another \$400 on 1/10.

The Thompsons are in the NJ PTR program and received a PTR rebate of \$265 in 2015. The Thompsons also received a NJ Homestead rebate of \$235 in 2015. Their PTR base amount is \$1,300. Property Lot # 001 Block # 12370



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<input type="checkbox"/> CORRECTED (if checked)				<h1 style="font-size: 2em; margin: 0;">2015</h1> <p style="margin: 0;"><b>Form W-2-G</b></p> <p style="margin: 0;"><b>Certain Gambling Winnings</b></p>
PAYER'S name, address, city, state, and ZIP code ROCKHURST CASINO 10411 ATHENS RD FAIRVIEW, KY 42221		1. Gross winnings \$1,200.00	2. Date won 04/15/2015	
		3. Type of wager SLOTS	4. Federal income tax withheld \$200.00	
		5. Transaction	6. Race	
		7. Winnings from identical wagers	8. Cashier 2718	
PAYER'S Federal identification number 63-3XXXXXX	Payer's Telephone number 866-555-1211	9. Winner's taxpayer identification no. 622-XX-XXXX	10. Window	
WINNER'S name, address, city, state, and ZIP YVONNE SMITH 30911 BARD ROAD DOVER, NJ 07802		11. First I.D.	12. Second I.D.	
		13. State Payer's identification no. NJ 2330814	14. State Winnings \$1,200.00	
		15. State income tax withheld \$200.00	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 <b>W-2G</b>				

<input type="checkbox"/> CORRECTED (if checked)				<h1 style="font-size: 2em; margin: 0;">2015</h1> <p style="margin: 0;"><b>Form 1099-R</b></p> <p style="margin: 0;"><b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b></p>	
PAYER'S name, address, city, state, ZIP code TRI-STATE CONSTRUCTION COMPANY  P O BOX 930 FAIRVIEW, KY 42221		1 Gross distribution \$24,295.00			
		2a Taxable amount \$24,295.00			
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>		
PAYER'S Federal identification number 63-4XXXXXX	RECIPIENT'S identification number 621-XX-XXXX	3 Capital gain (included in box 2a).	4 Federal income tax withheld \$1,245.00		
RECIPIENT'S name, address, city, state, ZIP code TROY HAROLD THOMPSON  30911 BARD ROAD  DOVER, NJ 07801 ID ZIP		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. NJ 275XXXXXX		14. State Distribution \$24,295.00
Account number (see instructions)		15. Local tax withheld	16. Name of Locality		17. Local Distribution
Form <b>1099-R</b>					

## FAME-03 Thompson Scenario

<input type="checkbox"/> CORRECTED (if checked)		<b>2015</b> Form 1099-R			<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S name, address, city, state, ZIP code <b>HARRIS TRUST CO.</b>  P O BOX 1389 FAIRVIEW, KY 42221		1 Gross distribution <b>\$13,223.00</b>			<b>Copy 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.  This information is being furnished to the Internal Revenue Service	
		2a Taxable amount <b>\$13,223.00</b>				
		2b Taxable amount not determined. <input type="checkbox"/>	Total Distribution <input type="checkbox"/>			
PAYER'S Federal identification number <b>63-2XXXXXX</b>	RECIPIENT'S identification number <b>622-XX-XXXX</b>	3 Capital gain (included in box 2a).	4 Federal income tax withheld <b>\$1,322.00</b>			
RECIPIENT'S name, address, city, state, ZIP code  <b>YVONNE E. SMITH</b>  30911 BARD ROAD DOVER, NJ 07801		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 Distribution <b>NJ 632xxxxxx</b>			14. State Distribution <b>\$13,223.00</b>
Account number (see instructions)		15. Local tax withheld	16. Name of Locality			17. Local Distribution
Form <b>1099-R</b>						

## FAME-03 Thompson Scenario

### FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

<b style="font-size: 1.2em;">2015</b>			<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 <b>TROY HAROLD THOMPSON</b>		Box 2. Beneficiary's Social Security 621-XX-XXXX			
Box 3. Benefits Paid in 2016 <b>\$13,108.00</b>	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) <b>\$13,108.00</b>			
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>			
Paid by check or direct deposit <span style="float: right;"><b>\$11,574.20</b></span> Medicare Part B premiums deducted from your benefits <span style="float: right;"><b>\$1,258.80</b></span> Medicare Prescription Drug premiums (Part D) deducted from your benefits <span style="float: right;"><b>\$275.00</b></span> Total Additions <span style="float: right;"><b>\$13,108.00</b></span> Benefits for 2016 <span style="float: right;"><b>\$13,108.00</b></span>  Benefits for 2015 ----- Benefits for 2013		Box 6. Voluntary Federal Income Tax Withheld  Box 7. Address <b>TROY HAROLD THOMPSON</b> <b>30911 BARD RD</b> <b>DOVER. NJ 07801</b>  Box 8. Claim Number (use this number if you need to contact SSA) 621-XX-XXXXA			

Form **SSA-1099-SM**

### FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

<b style="font-size: 1.2em;">2016</b>			<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 <b>YVONNE ELAINE SMITH</b>		Box 2. Beneficiary's Social Security 622-XX-XXXX			
Box 3. Benefits Paid in 2016 <b>\$8,960.00</b>	Box 4. Benefits Repaid to SSA in	Box 5. Net Benefits Paid for 2016 (Box 3 minus Box 4) <b>\$8,960.00</b>			
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>			
Paid by check or direct deposit <span style="float: right;"><b>\$8,960.00</b></span> Medicare Part B premiums deducted from your benefits <span style="float: right;"><b>\$ .00</b></span> Medicare Prescription Drug premiums (Part D) deducted from your benefits <span style="float: right;"><b>\$ .00</b></span> Total Additions <span style="float: right;"><b>\$8,960.00</b></span> Benefits for 2016 <span style="float: right;"><b>\$8,960.00</b></span>  Benefits for 2015 Benefits for 2014 Benefits for 2013		Box 6. Voluntary Federal Income Tax Withheld  Box 7. Address <b>YVONNE ELAINE SMITH</b> <b>30911 BARD ROAD</b> <b>YOUR CITY, STATE AND ZIP</b>  Box 8. Claim Number (use this number if you need to contact SSA) 622-XX-XXXXA			

Form **SSA-1099-SM**

## FAME-03 Thompson Scenario

<b>Alvin Bond Funds</b> 2715 Alpine Lane Boston, MA 02110	<b>2015 TAX REPORTING STATEMENT</b>  Harold Thompson 30911 Bard Road Dover, NJ 07801 Payer ID # 63-1xxxxxx
<b>Form 1099-DIV 2015 Dividends and Distributions</b> <small>Copy B for Recipient (OMB NO. 1545-0110)</small>	
<b>Box</b>	<b>Amount</b>
1a Total Ordinary Dividends .....	12,485.32
1b Qualified Dividends .....	11,352.65
2a Total Capital Gain Distributions (Includes 2b- 2d) .....	0.00
2b Capital Gains that represent Unrecaptured 1250 Gain .....	0.00
2c Capital Gains that represent Section 1202 Gain .....	0.00
2d Capital Gains that represent Collectibles (28%) Gain .....	0.00
3 Nondividend Distributions .....	14.75
4 Federal Income Tax Withheld .....	0.00
5 Investment Expenses .....	0.00
6 Foreign Tax Paid .....	0.00
7 Foreign Country or U.S. Possession .....	0.00
<b>Form 1099-INT 2015 Interest Income</b> <small>Copy B for Recipient (OMB NO. 1545-0112)</small>	
<b>Box</b>	<b>Amount</b>
1 Interest Income .....	850.00
2 Early Withdrawal Penalty .....	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations .....	0.00
4 Federal Income Tax Withheld .....	0.00
5 Investment Expenses .....	0.00
6 Foreign Tax Paid .....	6.95
7 Foreign Country or U.S. Possession .....	0.00
8 Tax-Exempt Interest (Federal exempt only) .....	975.00
9 Specified Private Activity Bond Interest .....	0.00
<b>Summary of 2015 Proceeds From Broker and Barter Exchange Transactions</b>	
<b>Box</b>	<b>Amount</b>
1d Proceeds .....	49,915.43 *
1e Cost or Other Basis .....	0.00 **
4 Federal Income Tax Withheld .....	0.00
6 Adjustments - Wash Sales .....	0.00
Adjustments - Market Discount .....	0.00 **
16 State Tax Withheld .....	0.00
<b>Regulated Futures Contracts:</b>	
4 Federal Income Tax Withheld .....	0.00
8 Profit or (Loss) Realized in 2015 on Closed Contracts .....	0.00
9 Unrealized Profit of (Loss) on Open Contracts - 12/31/2014 .....	0.00
10 Unrealized Profit of (Loss) on Open Contracts - 12/31/2015 .....	0.00
11 Aggregate Profit of (Loss) on Contracts .....	0.00
<small>* Gross Proceeds from each of your security transactions are reported individually to the IRS. Refer to the Form 1099-B section of this statement.                  ** Box 1e and Box 6 contain amounts for covered securities only.</small>	
<small>Page 1 of 3</small>	

**The tax exempt interest on line 9 of the 1099-INT is from a Delaware municipal bond.**

## FAME-03 Thompson Scenario

<b>Alvin Bond Funds</b> 2715 Alpine Lane Boston, MA 02110	<b>2015 TAX REPORTING STATEMENT</b>  Harold Thompson 30911 Bard Road Dover, NJ 07801 Payer ID # 63-1xxxxxx										
<b>FORM 1099-B 2015 Proceeds from Broker and Barter Exchange Transactions</b> Copy B for Recipient OMB NO. 1545-0715 <b>Short-term transactions for which basis is reported to the IRS</b> Report on Form 8949 with Box A checked and/or Schedule D, Part I (This Label is a Substitute for Boxes 1a & 3 )											
1a Description, 2 Short-term, 3 Basis reported to IRS, 6 Net Proceeds, and Stock or Other Symbol , CUSIP <span style="float: right;">(IRS Form 1099-B box numbers are shown below in bold type)</span>											
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
<b>Hillford Investment Fund</b>											
Sale	16.52300	09/23/2014	08/26/2015	169.36	142.58			26.78			
Sale	15.87500	12/23/2014	08/26/2015	162.72	132.75			29.97			
Sale	14.34500	03/23/2015	08/26/2015	147.04	128.68			18.36			
Sale	13.98500	06/23/2015	08/26/2015	143.35	130.57			12.78			
<b>Yuma Bond Fund</b>											
Sale	175.000	10/25/2014	02/26/2015	2,368.15	2,632.75	W	226.80	-37.80			
Sale	150.000	03/15/2015	12/15/2015	2,288.36	2,352.45			-66.09			
<b>Matte Investor Class Fund</b>											
Sale	250.000	07/23/2015	12/05/2015	1,555.00	1,085.36			469.64			
Sale	100.000	07/23/2015	04/18/2015	622.00	512.74			109.26			
<b>TOTALS</b>				<b>7,453.98</b>	<b>7,117.88</b>		<b>226.80</b>	<b>562.90</b>			
<b>FORM 1099-B 2015 Proceeds from Broker and Barter Exchange Transactions</b> Copy B for Recipient OMB NO. 1545-0715 <b>Long-term transactions for which basis is reported to the IRS</b> Report on Form 8949 with Box D checked and/or Schedule D, Part II (This Label is a Substitute for Boxes 1a & 3 )											
1a Description, 2 Long-term, 3 Basis reported to IRS, 6 Net Proceeds, and Stock or Other Symbol , CUSIP <span style="float: right;">(IRS Form 1099-B box numbers are shown below in bold type)</span>											
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
<b>Hillford Investment Fund</b>											
Sale	18.85400	03/26/2011	08/26/2015	193.25	159.45			33.80			
Sale	17.76900	06/23/2011	08/26/2015	182.13	158.36			23.77			
Sale	17.84600	09/23/2011	08/26/2015	180.87	162.74			18.13			
Sale	17.52300	12/23/2011	08/26/2015	179.61	156.87			22.74			
Sale	17.40000	03/23/2012	08/26/2015	178.35	150.74			27.61			
Sale	17.27700	06/23/2012	08/26/2015	177.09	146.35			30.74			
Sale	17.15400	09/23/2012	08/26/2015	175.83	142.58			33.25			
Sale	17.03100	12/23/2012	08/26/2015	174.57	139.86			34.71			
Sale	16.90800	03/23/2013	08/26/2015	173.31	140.85			32.46			
Sale	16.78500	06/23/2013	08/26/2015	172.05	142.65			29.40			
<b>TOTALS</b>				<b>1,787.06</b>	<b>1,500.45</b>			<b>286.61</b>			

## FAME-03 Thompson Scenario

<b>Alvin Bond Funds</b> 2715 Alpine Lane Boston, MA 02110		<b>2015 TAX REPORTING STATEMENT</b>  Harold Thompson 30911 Bard Road Dover, NJ 07801 Payer ID # 63-1xxxxxx									
<b>FORM 1099-B- 2015 Proceeds from Broker and Barter Exchange Transactions</b> <small>Copy B for Recipient OMB NO. 1545-0715</small>											
<b>Long-term transactions for which basis <u>is not reported</u> to the IRS</b> <b>Report on Form 8949 with Box E checked and/or Schedule D, Part II</b> <small>(This Label is a Substitute for Boxes 1a &amp; 3 )</small>											
<b>1a Description, 2 Long-term, 3 Basis not reported to IRS, 6 Net Proceeds, and Stock or Other Symbol , CUSIP</b>				<small>(IRS Form 1099-B box numbers are shown below in bold type)</small>							
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed	1d Proceeds	1e Cost or Other Basis	1f Code, if any	1g Adjustments	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State ID Number	16 State Tax Withheld
<b>Hillford Investor Class Fund</b>											
Sale	3,842.14000	05/22/2009	08/26/2015	39,381.94	36,214.99			3,166.95			
Sale	18.52600	06/23/2009	08/26/2015	189.89	158.36			31.53			
Sale	18.02500	09/23/2009	08/26/2015	184.76	162.74			22.02			
Sale	17.98500	12/23/2009	08/26/2015	184.35	156.87			27.48			
Sale	18.35200	03/23/2010	08/26/2015	188.11	150.74			37.37			
Sale	17.84200	06/23/2010	08/26/2015	182.88	146.35			36.53			
Sale	17.65200	09/23/2010	08/26/2015	180.93	142.58			38.35			
Sale	17.71000	12/23/2010	08/26/2015	181.53	139.86			41.67			
<b>TOTALS</b>				<b>40,674.39</b>	<b>37,272.49</b>			<b>3,401.90</b>			
<small>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.</small>											

**To save time inputting, enter the non-reported transactions as consolidated. Enter as one transaction using the totals values.**

Thompson's list of expenses:

Health insurance for Yvonne.....	\$2,700
Doctor bills .....	2,723
Hospital bills .....	6,230
Medical mileage .....	1210 miles
Prescription drugs .....	7,355
Prescription eyeglasses.....	275
Church donations (has statement) .....	1,500
Public Broadcasting system (paid by check) .....	300
Salvation Army (old clothes, good condition) .....	360
Home mortgage interest on a 1098T from Rocket Mortgage.....	3,258
Real estate tax .....	1,878
Gambling losses.....	2,550

## FAME-03 Thompson Scenario

### Answer Notes:

Capital Gains: Type A & D capital gains can be consolidated. When consolidating enter code M after the brokers name.

Sch A Property Taxes:  $\$1,878 - \$265$  (PTR Rebate) -  $\$235$  (Homestead Rebate) =  $\$1,378$

Schedule A gambling losses: Amount entered into Sch A cannot exceed gambling winnings (1,200)

NJ gambling winnings:  $\$1,200$  (Winnings) -  $\$2,550$  (Loses) = 0 (Losses cannot exceed winnings)

Property tax for NJ property tax credit/deduction =  $\$1.300$  (PTR Base amount)