

You (and Spouse) will need:

- *Proof of Identity*
- *Social Security Card or Individual Tax Identification Number (ITIN) letter for all individuals to be listed on the return*
- *Copies of ALL W-2, 1098, 1099 forms*
- *Amounts of any other income*
- *Child care provider's identification number*
- *Amounts/dates of estimated or other tax payments made, etc.*
- *Bank documents showing routing and account numbers if requesting direct deposit/debit*

Part I: Taxpayer Information

1. Your First Name		M.I.	Last Name		2. Date of Birth (mm/dd/yyyy)	
3. US Citizen or Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Occupation
7. Spouse's First Name		M.I.	Last Name		8. Date of Birth (mm/dd/yyyy)	
9. US Citizen or Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Occupation
13. Address			Apt #	City		State Zip Code
14. Phone Number and e-mail address Phone: (____) _____ e-mail: _____				15. Could you or your spouse be claimed as a dependent on the income tax return of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. On December 31st						
a. Were you: <input type="checkbox"/> Single <input type="checkbox"/> Legally Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
b. If married, did you live with your spouse during any part of the last six months of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
c. Is your spouse deceased? If yes, provide the date of death. _____ (mm/dd/yyyy)						

Part II. Family and Dependent Information – Do not include you or your spouse.

Print the name of everyone who lived in your home and outside your home that you supported during the year.

Name (first, last)	Date of Birth mm/dd/yyyy	Relationship to you (son, daughter, etc.)	Number of months person lived with you last year	US Citizen, Resident of US, Canada or Mexico (yes or no)	Is the dependent a full time student? (yes or no)
(a)	(b)	(c)	(d)	(e)	(f)

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

COMMON INCOME AND EXPENSES

Part III. Income – Did you (or your spouse) receive:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Wages or Salary (include W-2s for all jobs worked during the year) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Tip income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Interest/Dividends from: checking or savings account, bonds, CDs, or brokerage account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. State tax refund (may be taxable if you itemized last year) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Self Employment Income - business, farm, hobby, 1099-Misc or any earned income not reported on W-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Alimony income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Sale of Stock, Bonds or Real Estate |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Disability income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Pensions, Annuities, and/or IRA distributions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Unemployment (1099-G) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. Social Security or Railroad Retirement Benefits (1099-SSA or RRB) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12. Other Income: Identify _____ |
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Part IV. Expenses – Did you (or your spouse) make or have:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Alimony payments (if yes, you must provide the name and SSN of the recipient) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Contributions to IRA or other retirement account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Educational expenses for you, your spouse and/or dependents |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Un-reimbursed medical expenses |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Home mortgage payments (interest and taxes – see Form 1098) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Charitable contributions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Child/dependent care expenses that allow you (and your spouse - if married) to work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Any estimated tax payments for this tax year |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Was EIC previously disallowed? (if yes, you may not be eligible for EIC) |
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Part V. For Completion by a Certified Volunteer

Volunteer Preparer Instructions: You must conduct a thorough interview to complete an accurate return. This Intake/Interview Sheet is the start of your conversation with the taxpayer. Use the decision trees in Publication 4012, Volunteer Resource Guide, while discussing the questions on this form. **Remember to ask for all documentation.** Update the Intake/Interview Sheet with any changes identified during your interview. Confirm all information with the taxpayer.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Did any of these dependents file a joint return for this tax year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Can anyone else claim any of these dependents on their income tax return? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Did any dependent on the return provide more than 50% of their own support? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Were any of these dependents permanently and totally disabled last year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Did the taxpayer provide over half the support for each of these dependents? |
| _____ | | 6. Based on the interview, how many individuals qualify as dependents for this return? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Based on the interview, does the taxpayer qualify for EIC? |

Based on the interview, the filing status of the taxpayer is: Single MFJ MFS* HOH QW

*If MFS, then spouse's name and SSN should be included on the tax return.

Did the taxpayer receive an Economic Stimulus Payment last year?

- | | | |
|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how much? _____ |
|------------------------------|-----------------------------|-------------------------|
-

Quality Review



This form is used to Quality Review the completed tax return based on the Intake/Interview Sheet, the documents provided for the return preparation, and a conversation with the taxpayer.

- Involve the taxpayer in the Quality Review process.
- Complete this form prior to obtaining the taxpayer's signature on required tax forms.
- Compare the completed return with the Intake/Interview Sheet and all supporting documents.

Quality Reviews complete the Quality Process and help ensure an accurate return.

Verifying the Return		Check each item only when you verify that the review step is complete.
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	A completed Intake/Interview Sheet was used to prepare this tax return.
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) and SSNs/ITINs for taxpayer(s) match the supporting documents.
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The taxpayer(s) address and Date of Birth match the Intake/Interview Sheet and have been confirmed with the taxpayer.
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing status was correctly determined and is notated on the Intake/Interview Sheet.
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent information is correctly shown including names, SSNs/ITINs, and DOBs.
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All income indicated on the Intake/Interview Sheet and W-2s/1099s is shown.
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Adjustments to Income are correctly reported.
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The completed return reflects the correct standard deduction unless itemized deductions were used. If itemized deductions were used, the Schedule A has been completed accurately based on supporting documents.
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The non-refundable credits have been correctly reported.
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	All payments from W-2s and F1099's and estimated tax payments are correct.
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The refundable credits are correctly reported including the EIC determination based on the information provided.
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If direct deposit or debit was elected, information on the return matches the taxpayer's checking/saving account and routing information.

Finishing the Return Check the appropriate box once you have confirmed the steps have been taken.

- E-File:** Verify correct **DCN and SIDN** is printed on Form 8879. Obtain taxpayer signature and provide a copy of the return for their files. Retain original signed Form 8879 with the Forms W-2's and 1099's attached.
- Paper:** Verify the correct **SIDN** is printed on the return. Attach Forms W-2's and 1099's to the return. Obtain taxpayer signature and provide the signed return, a copy of the return, and the correct processing center mailing address to the taxpayer.
- All taxpayer questions/issues about the completed return have been answered.