

Intake/Interview & Quality Review Sheet

Section A. Page 1 and Page 2 to be completed by Taxpayer

Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. **If you have any questions please ask.**

You will need your:

- Tax information such as W-2s, 1099s, 1098s.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as drivers license or other picture ID).

Part I. Your Personal Information

| | | | | | | |
|---|-------------------------|-------|--------------------------------------|-------|---|-----------------------------|
| 1. Your First Name | | M. I. | Last Name | | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Spouse's First Name | | M. I. | Last Name | | Is spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Mailing Address | | Apt# | City | | State | Zip Code |
| 4. E-mail | | | | Phone | | |
| 5. Your Date of Birth | 6. Your Occupation | | 7. Are you Legally Blind | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | 8. Totally and Permanently Disabled | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Spouse's Date of Birth | 10. Spouse's Occupation | | 11. Is Spouse Legally Blind | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | 12. Totally and Permanently Disabled | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Can your parents or someone else claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

Part II. Family and Dependent Information

1. As of December 31, 2009 your marital status was:

- Single
- Married: Did you live with your spouse during any part of the last six months of 2009? Yes No
- Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____
- Widowed: Date of spouse's death: _____

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

| Name (first, last) Do not enter your name or Spouse's name below. | Date of Birth (mm/dd/yy) | Relationship to you (e.g. son, mother, sister) | Number of months lived in your home | US Citizen or resident of the US, Canada or Mexico (yes/no) | Married as of 12/31/09 (yes/no) | Full- time student (yes/no) | Received more than \$3650 in income (yes/no) |
|---|-----------------------------|--|---|---|--|--------------------------------------|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
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If additional space is needed please use page 4 and check here

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

Please continue on Page 2

Section A. To be completed by Taxpayer (continued)

Part III. Life Events (Check Yes or No to all questions below)

- Yes No 1. If you are due a refund, would you like a direct deposit?
 Yes No 2. If you have a balance due, would you like a direct debit?

During 2009 did you (or your spouse if filing a joint return):

- Yes No 3. Buy a brand new vehicle? If yes, date of purchase: _____
 Yes No 4. Buy a home? If yes, closing date: _____
 Yes No 5. Have a foreclosure or did the bank cancel any part of your mortgage loan?
 Yes No 6. Receive an Economic Recovery Payment from Social Security Administration, Railroad Retirement Board, or Veterans Administration? If yes, how much? \$250 \$500
 Yes No 7. Are you or your spouse a government retiree?
 Yes No 8. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
 Yes No 9. Live in an area that was affected by a natural disaster? If yes, where? _____
 Yes No 10. Pay college tuition for yourself, your spouse, or your dependents?
 Yes No 11. Have any student loans?
 Yes No 12. Make estimated tax payments or apply last year's refund to your 2009 tax?
If yes, amount _____
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Part IV. Income – In 2009, did you (or your spouse) receive: (Check Yes or No to all questions below)

- Yes No 1. Wages or Salary
 Yes No 2. Tip Income
 Yes No 3. Scholarships
 Yes No 4. Interest/Dividends from: checking or savings accounts, bonds, CDs, brokerage, etc.
 Yes No 5. State Tax Refund: If yes, did you itemize your deductions last year? Yes No
 Yes No 6. Self-Employment Income (such as earnings from contract labor, small business, hobby, etc.)
 Yes No 7. Alimony Income
 Yes No 8. Proceeds (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)
 Yes No 9. Disability Income
 Yes No 10. Pensions, Annuities, and/or IRA Distributions
 Yes No 11. Unemployment Compensation
 Yes No 12. Social Security or Railroad Retirement Benefits
 Yes No 13. Income from Rental Property
 Yes No 14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Identify: _____
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Part V. Expenses – In 2009 Did you (or your spouse) pay: (Check Yes or No to all questions below)

- Yes No 1. Alimony: If yes, do you have the recipient's SSN? Yes No
 Yes No 2. Contributions to IRA, 401 k, or other retirement account, including employer retirement account
 Yes No 3. Educational expenses (such as a computer, books, etc.)
 Yes No 4. Classroom supplies if you are a teacher
 Yes No 5. Medical expenses
 Yes No 6. Home mortgage interest
 Yes No 7. Real estate taxes for your home
 Yes No 8. Charitable contributions
 Yes No 9. Child/dependent care expenses that allowed you and your spouse, to work or to look for work
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STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Section B. For Certified Volunteer Preparer Completion and Reminder

Remember: YOU are the link between the taxpayer's information and a correct tax return! Verify the taxpayer's information on pages 1 & 2. Consult Publications 4012 & 17 as well as other tools. Make notes on this form as needed, especially when the taxpayer's information is missing or incorrect.

Must be completed by Certified Volunteer Preparer

- Yes No N/A 1. Can anyone else claim any of the persons listed in Part II, question 2, as a dependent on their return? If yes, which ones:

- Yes No N/A 2. Were any of the persons listed in Part II, question 2, totally and permanently disabled? If yes, which ones:

- Yes No N/A 3. Did any of the persons listed in Part II, question 2 provide more than half of their own support? If yes, which ones:

- Yes No N/A 4. Did the taxpayer provide more than half the support for each of the persons in Part II, question 2? If no, which ones:

- Yes No N/A 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, question 2? If yes, which ones:

- Yes No 6. Was the taxpayer's Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year _____
- Yes No 7. Does the taxpayer qualify for the first-time homebuyers credit?

Reminders

Use Publication 4012 & 17 in making tax law determination.

- Earned Income Credit (EIC) with children - the qualifying child cannot be older than the taxpayer.
- Qualifying Child/Qualifying Relatives - Rules have changed.
- There are special rules for children of divorced, separated, or never married parents.

New Tax Benefits and credits under ARRA 2009

- Vehicle Sales Tax
- Economic Recovery Payment
- First-time homebuyer Credit
- Energy Efficiency
- Education Expense
- Increase EITC & Child Tax Credit
- Unemployment benefits

Making Work Pay Tax Credit

- Does the taxpayer need to adjust their W-4/W-4P withholding?

Section C. To be completed by a Certified Quality Reviewer

Check each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

- 1. **Section A & B** of this form are complete.
- 2. **Taxpayer's identity, address and phone number** was verified.
- 3. **Names, SSN or ITINs, and dates of birth of taxpayer, spouse and dependents** match the supporting documents.
- 4. **Filing Status** is correctly determined.
- 5. **Personal and Dependency Exemptions** are entered correctly on the return.
- 6. All **income** shown on source documents and noted in Sections A, part IV is included on the tax return.
- 7. Any **Adjustments to Income** are correctly reported.
- 8. **Standard, Additional or Itemized Deductions** are correct.
- 9. All **credits** are correctly reported.
- 10. Withholding shown on **Forms W-2, 1099 and Estimated Tax Payments** are correctly reported.
- 11. If **direct deposit or debit** was elected checking/saving account and routing information match the supporting documents.
- 12. Correct SIDN is shown on the return.

