

Intake/Interview & Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• Please complete pages 1-3 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Part I – Your Personal Information

1. Your first name	M.I.	Last name	Telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address	Apt #	City	State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II – Marital Status and Household Information

1. As of December 31, 2015, were Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
 Married a. If Yes, Did you get married in 2015? Yes No
 Divorced b. Did you live with your spouse during any part of the last six months of 2015? Yes No
 Legally Separated Date of final decree _____
 Widowed Date of separate maintenance agreement _____
Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here and list on page 3

To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/15 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this person have less than \$4,000 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Interview Notes - Brent

Charlotte has not lived with her husband since October 2016, and he will not agree to file jointly with her. His name is Robert Brent (SSN 043-xx-xxxx).

She has one daughter, Annie, for whom she provides almost all support. Robert has agreed to pay Charlotte \$1,000 a month for child support until Annie graduates from high school. Last year he paid for three months. Charlotte isn't sure if she has to claim those payments on her return.

Charlotte says that the health insurance shown on her Bond Dental W-2, Block 12b, met MEC for herself and her daughter.

Robert has already filed his tax return as Married Filing Separately and did not itemize. Neither Robert nor Charlotte itemized last year.

Charlotte participated in a medical study and received \$1,500.

She wants any refund to be directly deposited in her checking account and, if there is a balance due, wants that amount electronically withdrawn from that account.



CHARLOTTE BRENT 2621 TUDOR WAY YOUR CITY STATE ZIP	1234
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
Your Bank Bank City, State, ZIP Code	
For _____	
: 325070760 : 450820134 1234	

a. Employee's social security number 041-XX-XXXX							
b. Employer identification number (EIN) 12-0XXXXXX			1. Wages, tips, other compensation \$42,272.26		2. Federal income tax withheld \$3,275.00		
c. Employer's name, address, city state and ZIP Code BOND DENTAL 416 CHRISTIAN COURT PHILADELPHIA PA 19119			3. Social security wages \$43,772.26		4. Social security tax withheld 2,713.88		
			5. Medicare wages and tips \$43,772.26		6. Medicare tax withheld \$634.70		
			7. Social security tips		8. Allocated tips		
d. Control number			9.		10. Dependant care benefits		
e. Employee's name (first, initial, last), address, city, state and ZIP code CHARLOTTE BRENT 2621 TUDOR WAY YOUR CITY STATE ZIP			11. Nonqualified plans		12a. See instructions for box 12 D \$1,500.00		
			13. Statutory Employee <input type="checkbox"/> Retiree Plan <input checked="" type="checkbox"/> Third-party sickpay <input type="checkbox"/>		12b. DD \$2,450.00		
			14. Other		12c.		
					12d.		
15. State YS	Employer's state ID number 120XXXXXX	16. State wages, tips, etc. \$42,272.26	17. State income tax \$794.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name	
Form W-2 Wage and Tax Statement 2016 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, address, city, state, ZIP code PAYTON FINANCIAL BANK 1200 TENTH ST HARTFORD CT 06101			Payer's RTN (optional)		2016 Form 1099-INT		Interest Income Copy B For Recipient
PAYER'S Federal identification number 12-1XXXXXX			RECIPIENT'S identification number 041-XX-XXXX				
RECIPIENT'S name, address, city, state, and ZIP code CHARLOTTE BRENT 2621 TUDOR WAY YOUR CITY STATE ZIP			3 Interest on US Savings Bonds and Treas. obligations		4 Federal income tax withheld \$15.00		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
FATCA filing requirement <input type="checkbox"/>			6 Foreign Tax Paid		5 Investment expenses		
			8 Tax exempt interest		7 Foreign Country or US possession		
			10 Market Discount		9 Specified private activity bond interest		
			12		11 Bond Premium		
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.		13 Bond Premium on tax-exempt bond		
			15 State		16 State Identification no		17 State tax withheld
Form 1099-INT							

Brent

<input type="checkbox"/> CORRECTED (if checked)						
PAYER'S name, address, city, state, ZIP code DENTAL ASS'N FEDERAL CREDIT UNION 15006 LAKESHORE DRIVE CHICAGO, IL 60611			Payer's RTN (optional)		20 16 Form 1099-INT	Interest Income
			1 Interest income \$16.00			
PAYER'S Federal identification number 12-8XXXXXX			RECIPIENT'S identification number 041-XX-XXXX		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	
			3 Interest on US Savings Bonds and Treas. obligations \$262.00			
RECIPIENT'S name, address, city, state, and ZIP code CHARLOTTE BRENT 2621 TUDOR WAY YOUR CITY STATE ZIP			4 Federal income tax withheld		5 Investment expenses	
			6 Foreign Tax Paid		7 Foreign Country or US possession	
			8 Tax exempt interest		9 Specified private activity bond interest	
			10 Market Discount		11 Bond Premium	
Account number (see instructions)			12		13 Bond Premium on tax-exempt bond	
			FATCA filing requirement <input type="checkbox"/>			
			14 Tax-exempt and tax credit bond CUSIP no.		15 State	
					16 State Identification no	
					17 State tax withheld	
Form 1099-INT						

<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name, address, city, state, ZIP code OLIVET MEDICAL CENTER 1200 CAROLINA DR GASTONIA, NC 28054			1 Rents		2016 Form 1099-MISC	Miscellaneous Income	
			2 Royalties				
PAYER'S Federal identification number 12-2XXXXXX			RECIPIENT'S identification number 041-XX-XXXX		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.		
			3 Other Income \$1,500.00				4 Federal income tax withheld
RECIPIENT'S name, address, city, state, ZIP code CHARLOTTE BRENT 2621 TUDOR WAY YOUR CITY, STATE, ZIP			5 Fishing boat proceeds		6 Medical and health care payments		
			7 Nonemployee Compensation		8 Substitute payments in lieu of dividends or interest		
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale > <input type="checkbox"/>		10 Crop Insurance proceeds		
			11		12		
Account number (see instructions)			13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
			FATCA filing requirement <input type="checkbox"/>				
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.	
						18 State income	
Form 1099-MISC							

Brent