

# Intake/Interview & Quality Review Sheet

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098.
- 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 1-2 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		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name		M.I.	Last name		Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address			Apt #	City	State	ZIP code
4. Contact information Telephone number(s)				Email address		
5. Your Date of Birth		6. Your job title		7. 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
8. Your spouse's Date of Birth		9. Your spouse's job title		10. 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
11. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
12. 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 of last year, were you:  Single  Married Did you live with your spouse during any part of the last six months of 2013?  Yes  No  Divorced or Legally Separated Date of final decree or separate maintenance agreement \_\_\_\_\_  Widowed Year of spouse's death \_\_\_\_\_

2. List the names below of:  
 • **everyone** who lived with you last year (*other than you or your spouse*)  
 • **anyone** you supported but did not live with you last year

If additional space is needed check here  and list on page 4

**To be completed by a Certified Volunteer Preparer**

Name ( <i>first, last</i> ) Do not enter your name or spouse's name below	Date of Birth ( <i>mm/dd/yy</i> )	Relationship to you ( <i>for example: son, daughter, parent, none, etc</i> )	Number of months lived in your home last year	US Citizen ( <i>yes/no</i> )	Resident of US, Canada, or Mexico last year ( <i>yes/no</i> )	Single or Married as of 12/31/13 ( <i>S/M</i> )	Full-time Student last year ( <i>yes/no</i> )	Totally and Permanently Disabled ( <i>yes/no</i> )	Can this person be claimed by someone else as a dependent on their return? ( <i>yes/no</i> )	Did this person provide more than 50% of their own support? ( <i>yes/no</i> )	Did this person have less than \$3900 of income? ( <i>yes/no</i> )	Did the taxpayer(s) provide more than 50% of support for this person? ( <i>yes/no</i> )	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? ( <i>yes/no</i> )
(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](mailto:wi.voltax@irs.gov) or call toll free 1-877-330-1205**

Yes	No	Unsure	Check appropriate box for each question in each section
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**Part III – Income – Last Year, Did You (or Your Spouse) Receive**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) (Forms W-2G) Specify _____

**Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? _____ IRA (A) _____ Roth IRA (B) _____ 401K (B) _____ Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?

**Part V – Life Events – Last Year, Did You (or Your Spouse)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Pay any student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

**Part VI – Additional Information and Questions Related to the Preparation of Your Return**

**Presidential Election Campaign Fund** (If you check a box, your tax or refund will not change)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse

**If you are due a refund, would you like**

Direct deposit	To purchase U.S. Savings Bonds	To split your refund between different accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No

**Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.**

Other than English, what language is spoken in your home? \_\_\_\_\_  Prefer not to answer

Are you or a member of your household considered disabled?  Yes  No  Prefer not to answer

**IRS Certified Volunteer Preparers participating in the VITA and TCE programs must use a correct Intake/Interview process to prepare each return.**

**Before preparing the tax return:**

- Interview the taxpayer using probing questions to clarify information on this form and confirm the information provided by the taxpayer is complete and accurate.
- Correct any incomplete or inaccurate information on this form including all “Unsure” answers.
- Review all supporting documentation provided by the taxpayer. (*Forms W-2, 1099, payment receipts, etc.*)
- Use Publication 4012, Volunteer Resource Guide and Publication 17, Your Federal Income Tax to validate tax law determinations.

**VITA/TCE Preparers Due Diligence Requirements**

- All IRS certified volunteers must exercise due diligence. This means, as a volunteer, you must do your part when preparing or quality reviewing a tax return to ensure the information on the return is correct and complete.
- Doing your part includes: confirming a taxpayer's (*and spouse if applicable*) identity and providing top-quality service by helping them understand and meet their tax responsibilities.
- Generally, as an IRS certified volunteer, you can rely in good faith on information from a taxpayer. However, part of due diligence requires asking a taxpayer to clarify information that may appear to be inconsistent or incomplete. When reviewing information for its accuracy, you need to ask yourself if the information is unusual or questionable.

**Make an effort to find the answer**

**When in doubt:**

- Seek Assistance from the site coordinator or a certified volunteer preparer with more experience.
- Research publications (*i.e. Publication 17, Publication 4012, Publication 596, etc.*).
- Research [www.irs.gov](http://www.irs.gov) for your answer.
- Research the Interactive Tax Assistance (ITA) tool to address tax law qualifications.
- Contact the VITA Hotline (*see Publication 4012*).
- Advise taxpayers to seek assistance from a professional return preparer if you cannot address their tax law issue.

If at any time you are uncomfortable with the information and/or documentation provided by a taxpayer, you should not prepare the tax return.

**Part VII – IRS Certified Volunteer Quality Reviewer Section**

**Review the tax return with the taxpayer to promote accuracy.**

1. Taxpayer (and Spouse's) **identity** verified with a photo ID.
2. The volunteer return preparer/ quality reviewer are **certified** to prepare/review this return.
3. All **unsure** boxes were discussed with the taxpayer and correctly marked yes or no.
4. The **information** on pages one and two was correctly addressed and transferred to the return.
5. Names, **SSNs, ITINs, and EINs**, were verified and correctly transferred to the return.
6. **Filing status** was verified and correct.
7. **Personal and Dependency Exemptions** are entered correctly on the return.
8. All **Income** (*including income with or without source documents*) checked "yes" in part III was correctly transferred to the tax return.
9. **Adjustments** are correct.
10. **Standard, Additional or Itemized Deductions** are correct.
11. All **credits** are correctly reported.
12. **Withholding** shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.
13. **Direct Deposit/Debit** and checking/saving account numbers are correct.
14. **SIDN** is correct on the return.
15. The taxpayer(s) was advised that they are **responsible** for the information on their return.

Certified Volunteer Preparer's name/initials (*optional*)

Certified Volunteer Quality Reviewer's name/initials (*optional*)

Additional comments

Multiple horizontal lines for entering additional comments.

Additional Tax Preparer notes

Multiple horizontal lines for entering additional tax preparer notes.

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

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