Form **13614-C**
(October 2014)

Department of the Treasury - Internal Revenue Service

# Intake/Interview & Quality Review Sheet

OMB Number
1545-1964

**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 1-3 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 | Are you a U.S. citizen? ☐ Yes ☐ No

2. Your spouse's first name | M.I. | Last name | Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address | Apt # | City | State | ZIP code

4. Telephone number(s) | Email address (optional)

5. Your Date of Birth | 6. Your job title | 7. Last year, were you: a. Full time student ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No

8. Your spouse's Date of Birth | 9. Your spouse's job title | 10. Last year, was your spouse: a. Full time student ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No

11. Can anyone claim you or your spouse on their tax return? ☐ Yes ☐ No ☐ Unsure

12. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☐ No b. Adopted a child? ☐ Yes ☐ No

## Part II – Marital Status and Household Information

1. As of December 31 of last year, were you:
   - ☐ Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
   - ☐ Married a. Did you live with your spouse during any part of the last six months of 2014? ☐ Yes ☐ No
     b. Was your marriage recognized under the laws of the state(s) you are filing in? ☐ Yes ☐ No ☐ Unsure
   - ☐ 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 3

| Name *(first, last)* Do not enter your name or spouse's name below (a) | Date of Birth *(mm/dd/yy)* (b) | Relationship to you *(for example: son, daughter, parent, none, etc)* (c) | Number of months lived in your home last year (d) | US Citizen *(yes/no)* (e) | Resident of US, Canada, or Mexico last year *(yes/no)* (f) | Single or Married as of 12/31/14 *(S/M)* (g) | Full-time Student last year *(yes/no)* (h) | Totally and Permanently Disabled *(yes/no)* (i) | **To be completed by a Certified Volunteer Preparer** Can this person be claimed by someone else as a dependent on their return? *(yes/no)* | Did this person provide more than 50% of their own support? *(yes/no)* | Did this person have less than $3950 of income? *(yes/no)* | Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no)* | Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)* |
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**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 or call toll free 1-877-330-1205**

| Yes | No | Unsure | Check appropriate box for each question in each section |
|---|---|---|---|
| **Part III – Income – Last Year, Did You *(or Your Spouse)* Receive** | | | |
| ☐ | ☐ | ☐ | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____ |
| ☐ | ☐ | ☐ | 2. (A) Tip Income? |
| ☐ | ☐ | ☐ | 3. (B) Scholarships? (Forms W-2, 1098-T) |
| ☐ | ☐ | ☐ | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| ☐ | ☐ | ☐ | 5. (B) Refund of state/local income taxes? (Form 1099-G) |
| ☐ | ☐ | ☐ | 6. (B) Alimony income? |
| ☐ | ☐ | ☐ | 7. (A) Self-Employment income? (Form 1099-MISC, cash) |
| ☐ | ☐ | ☐ | 8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099? |
| ☐ | ☐ | ☐ | 9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B) |
| ☐ | ☐ | ☐ | 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) |
| ☐ | ☐ | ☐ | 11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R) |
| ☐ | ☐ | ☐ | 12. (B) Unemployment compensation? (Form 1099-G) |
| ☐ | ☐ | ☐ | 13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| ☐ | ☐ | ☐ | 14. (M) Income (or loss) from Rental Property? |
| ☐ | ☐ | ☐ | 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** | | | |
| ☐ | ☐ | ☐ | 1. (B) Alimony? If yes, do you have the recipient's SSN? ☐ Yes ☐ No |
| ☐ | ☐ | ☐ | 2. Contributions to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other |
| ☐ | ☐ | ☐ | 3. (B) Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) |
| ☐ | ☐ | ☐ | 4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage) |
| ☐ | ☐ | ☐ | 5. (B) Medical expenses? (including health insurance premiums) |
| ☐ | ☐ | ☐ | 6. (B) Home mortgage interest? (Form 1098) |
| ☐ | ☐ | ☐ | 7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098) |
| ☐ | ☐ | ☐ | 8. (B) Charitable contributions? |
| ☐ | ☐ | ☐ | 9. (B) Child or dependent care expenses such as daycare? |
| ☐ | ☐ | ☐ | 10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.? |
| ☐ | ☐ | ☐ | 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)*** | | | |
| ☐ | ☐ | ☐ | 1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12) |
| ☐ | ☐ | ☐ | 2. (COD) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A) |
| ☐ | ☐ | ☐ | 3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A) |
| ☐ | ☐ | ☐ | 4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____ |
| ☐ | ☐ | ☐ | 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) |
| ☐ | ☐ | ☐ | 6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____ |
| ☐ | ☐ | ☐ | 7. (A) Receive the First Time Homebuyers Credit in 2008? |
| ☐ | ☐ | ☐ | 8. (B) Pay any student loan interest? (Form 1098-E) |
| ☐ | ☐ | ☐ | 9. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____ |
| ☐ | ☐ | ☐ | 10. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? |

| Yes | No | Unsure | Check appropriate box for each question in each section |
|---|---|---|---|
| **Part VI: Health Care Coverage *(includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)*** | | | |
| ☐ | ☐ | ☐ | 1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series) |
| ☐ | ☐ | ☐ | 2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A) |

**Visit http://www.healthcare.gov/ or call 1-800-318-2596 for more information on health insurance coverage options and assistance.**

**If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, you should report life changes, such as income, marital status or family size changes, to your marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.**

**To be completed by a Certified Volunteer Preparer** (Use Publication 4012 and check the appropriate box(es) indicating the health care coverage status for everyone listed on the return)

| Had Health Care Coverage | (B) For the Entire year *(12 months)* | (B) For part of the year *(Less than 12 months)* | (B) No Health Care Coverage at all | (B) Qualify for an exemption |
|---|---|---|---|---|
| Taxpayer | | | | |
| Spouse | | | | |
| Dependent number 1 *(page 1)* | | | | |
| Dependent number 2 *(page 1)* | | | | |
| Dependent number 3 *(page 1)* | | | | |
| Dependent number 4 *(page 1)* | | | | |

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

1. 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
2. If you are due a refund, would you like:
   a. Direct deposit ☐ Yes ☐ No
   b. To purchase U.S. Savings Bonds ☐ Yes ☐ No
   c. To split your refund between different accounts ☐ Yes ☐ No
3. 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.**

4. Other than English, what language is spoken in your home? _____ ☐ Prefer not to answer
5. Are you or a member of your household considered disabled? ☐ Yes ☐ No ☐ Prefer not to answer

Additional comments

## Part VIII – IRS Certified Volunteer Quality Reviewer Section

**Review the tax return with the taxpayer to ensure:**

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer are certified to prepare/review this return and return is within scope of the program.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and transferred to the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in part III was correctly transferred to the tax return.
- Adjustments are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- All Affordable Care Act information is reported correctly
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- SIDN is correct on the return.
- 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 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