VOLUNTEER RETURN PREPARATION PROGRAM CRITICAL INTAKE DATA

Instructions: These questions must be asked of each taxpayer and documented on Page 2 of this form or on a partner developed form.

Also, the following italicized statements and request for the taxpayer's signature(s) must be on any Information, Screener or Intake Forms used in lieu of the IRS Form 13614, Page 2:

Please indicate below whether we may use the information contained on this form to assist in resolving problems in the event return processing problems occur. By signing this document and indicating your agreement below, you will allow us to retain this form so that general information such as employer/taxpayer address, identification numbers, birth dates and names can be verified if return processing problems occur.

The information retained will not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes. This information will be properly disposed of when no longer needed and retained no longer than December 31 of the current tax year.

Can we retain the information on this Form to improve/help with the processing of your tax return? YES INO

Your signature

Spouse signature

TAXPAYER IDENTIFICATION

- 1. Valid picture identification for taxpayer and spouse
- 2. Taxpayer/spouse's name
- 3. Taxpayer/spouse's address
- 4. Taxpayer/spouse's phone number
- 5. Taxpayer/spouse's Social Security Number (SSN) or Tax Identification Number (TIN), i.e. ITIN, etc. (need to see official documentation)
- 6. Taxpayer/spouse's birth dates

TAXPAYER MARITAL STATUS

- 1. Was taxpayer single as of December 31st of the tax year?
- 2. Was taxpayer legally married and living with their spouse as of December 31?
- 3. Has taxpayer's spouse died within the past two calendar years?
- 4. Can someone else claim the taxpayer/spouse as a dependent on his or her tax return?

DEPENDENTS

- 1. List all persons who lived in your home during the tax year and anyone living outside your home that you supported during the tax year.
- 2. For each listed person, please note:
 - a. Person's name as shown on taxpayer identification number documents
 - b. Person's birth date
 - c. Person's social security number or taxpayer identification number
 - d. Person's relationship to taxpayer
 - e. Number of months person lived in taxpayer's home
 - f. Support provided by taxpayer for each person

TAXPAYER'S INCOME

- 1. How many jobs did the taxpayer/spouse have during the tax year?
- 2. Did taxpayer/spouse bring W-2s or other proof of income for the jobs noted above?
- 3. Did the taxpayer/spouse receive income not reported on a W-2? (i.e. Social Security payments, interest, dividends, Form 1099s, etc.)

TAXPAYER'S EXPENSES

- 1. Did the taxpayer/spouse pay for childcare during the tax year that allowed them to work? If yes, did the taxpayer bring the address and the identification number of the provider?
- 2. Did the taxpayer/spouse or any member of their household attend college or vocational school in 2004?
- 3. Did the taxpayer/spouse or any member of their family pay student loan interest?

OTHER TAXPAYER INFORMATION

- 1. Have you ever had the Earned Income Tax Credit disallowed by the IRS?
- 2. Do you want to use Direct Deposit to your checking or savings account? If yes, did the taxpayer bring the account number and the routing number of the financial institution?

TAX PREPARATION INFORMATION SHEET

| You will need:a) Valid Picture I.D.c) Social Security Card orb) Copies of ALL W-2, 1099 Forms and proof of other income received by you and your spousec) Social Security Card or Tax Identification Number (TIN) Card (i.e. ITIN Card or Letter, etc.) for you, your spouse | | | | | | |
|---|--------------------|-----------------------------------|--|--------------------------------------|---|--|
| YOUR INFORMATION: | | | | | | |
| First Name | M.I. La | st Name | | Social Security No. / IT | IN | |
| SPOUSE INFORMATION: | | | | | | |
| First Name | M.I La | st Name | | Social Security No. / IT | IN <u></u> | |
| | | | | | | |
| ADDRESS:Street | | | City | State | 710 | |
| TELEPHONE NUMBERS: | Apt. YOU | SPOUSE | City | | ZIP ER OF LOBS | |
| | 100 | | - | | | |
| Home | | | '` | Jui | | |
| Business | | | SI | pouse | | |
| Cell | | | | | | |
| Date of Birth: | // | // | | | | |
| MARITAL STATUS: | | | | | | |
| Were you legally married as of December 31st? | | | | | | |
| If so, were you living with your spouse as of December 31st? | | | | | | |
| Did your spouse die within the last 2 years? If yes, date of death | | | | | | |
| Can someone else claim you or yo | our spouse as | a dependent on t | heir tax retur | rn? 🗌 | YES 🗌 NO | |
| FAMILY / DEPENDENT INFORMATION – Do not include yourself or your spouse. | | | | | | |
| Please list all persons who lived in your home and anyone living outside your home that you supported during the tax year. | | | | | | |
| Name | Birth Date | Social Security Number or ITIN | Relationship | Months person lived with you in 2004 | Did you provide more than 50% support for this person in 2004 | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Did you or your spouse have income during the Did you or anyone in your family pay | | | | | | |
| tax year that was not reported on a W2? \Box YES \Box NO student loan interest? \Box YES \Box N | | | | | | |
| Did you receive Social Security payments during Did you own your own home during the | | | | | | |
| the tax year? | | | | | | |
| Did you receive unemployment payments during Have you ever had the Earned Income | | | | | | |
| the tax year? | | | | | | |
| Did you pay for childcare during the tax year that Do you want to use Direct Deposit to a | | | | | | |
| allowed you to work? | | | | | | |
| If yes, did you bring the address and tax If so, did you bring the account number | | | | | | |
| identification number for the provider? | | | | | | |
| | | | | | | |
| or vocational school during the tax year? YES . NO | | | Did you bring a copy of your prior year's tax return? | | | |
| | | | | | | |
| Please indicate below whether we may use the information contained on this form to assist in resolving problems in the event return processing problems occur. By signing this document and indicating your agreement below, you will allow us to retain this form so that general information such | | | | | | |
| as employer/taxpayer address, identification numbers, birth dates and names can be verified if return processing problems occur. | | | | | | |
| The information retained will not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes. This information will be properly disposed of when no longer needed and retained no longer than December 31 of the current tax year. | | | | | | |
| Can we retain the information on this Form to improve/help with the processing of your tax return? YES NO | | | | | | |
| | | | | | | |
| Your signature Spouse signature | | | | | | |
| If you are not filing your return electronically (i.e. you will mail your return), after your tax return has been completed, attach this completed form to your <i>copy</i> of your tax return. | | | | | | |
| I understand that this is a free service by volunteers. I will be patient and treat volunteers with courtesy and respect. I agree to | | | | | | |
| provide all information necessary to complete an accurate tax return. I have reviewed the information contained in this document and agree that all the information is complete and correct. | | | | | | |