## **Taxpayer Interview and Intake Sheet**

Your first name	M.I.	Last Name			A	Are you in the US on a Visa? Yes No		Your Date of Birth		Your J	ob	
Your spouse's first name	M.I.	Last Name			Is	Is your spouse in US on Visa? S Yes No		Spouse's Date of Birth		Birth Spous	e's Job	
Mailing Address		Apt #	City		•		State	Zip Code		Did you li states in 2		in two or more es No
Phone #	Email:		•			Circle if last year you or your spouse were:  Full-time student You Spouse Dependents					Dependents	
Would you like \$3 to go to the Presidential Election Campaign Fund?					Legally Blind You Spouse Dependents							
If you check a box, your tax or refund will not change:					Totally and Permanently Disabled You Spouse Dependents							
You Spouse Issued an Identity Protection PIN You Spouse Dependents												
If due a refund, would you like your refund to be: Directly Deposited (estimated 2-3 weeks) Mailed to you by check (estimated 4-6 weeks)												
If due a refund, are you interested in using these savings options: Split your refund between accounts Purchase US Savings Bond Other												
If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No												
To be completed by certifie	ed volunt	eer: Can anyor	ne else claim	the ta	храує	er or spous	e on the	eir tax retu	ırn?	Yes	No	
As of December 31, 2019, what was your marital status?  Never Married  Married If Married: Were you married for all of 2019?  Yes  No  To be completed by certified volunteer:  Taxpayer's filing status:  Single												
		•			Yes	No	V	N		Single	aaabald	
Did you live with yo	•	• , ,	art of the la	st six m	iontn	S OT 2019?	Yes	No		Head of H		
Divorced		of final decree									iling Jointly	
Legally Separated Date of separate maintenance decree					Married Filing Separately							
Widowed Year of spouse's death Qualifying Widower w/dependent child							w/dependent					
List the names below of: (1	.) Everyor	ne who lived w	ith you last	year an	d (2)	anyone yo	u suppo	orted but o	lid not li	ive with you	u last year	
Name (first, last)	Date of Birth	Relationship to you (son,	Number of months	Single or		Answer	Yes or No (Y/N): To be completed by certified volunteer (Refer to Pub 4012 Tab C)					
	(mm/dd/	daughter,	lived in	Marri	In	Resident	Full-	Totall	y and	Qualifying	Qualifying	Qualifies
	yy)	parent,	your home		the	of US,	time	Perma	nently	Child	Relative	taxpayer for
		none, etc.)		of	US	Canada	Stude	nt Disa	bled	Depen-	Depen-	other benefits
				12/31	on a	or				dent?	dent?	(HOH, EITC, etc.)
				(S/M)	Visa	Mexico						
To be completed by the T	axpayer	check ALL tha	t apply)	To Be	Com	pleted by	Certifie	d Volunte	er/Prep	arer	Note	s/Comments

Did you receive money from any of the following in 2019?	Income to be reported on the tax return:	Notes or comments
Wages as a part-time or full-time employee	(B) W2s; Number:	Related to Return
How many jobs?	(B/A) 1099-R (taxable amount shown is considered	Preparation:
Tips	basic); Number:	
Retirement account, pension or annuity proceeds	(B) SSA-1099, RRB-1099	
Social Security or Railroad Retirement Benefits	(B) 1099-G: Number	
Unemployment benefits	(B) 1099-INT/DIV: Number	
Disability benefits	(A) 1099-B: Number Capital Loss carryover	
Interest or dividends (bank account, bonds, etc.)	(A) Brokerage statement	
From sale of stocks, bonds or real estate	(B) Alimony, amount: \$	
Did you report a loss on last year's return?	(excluded from income? Yes No)	
Alimony	(M) Rental income	
Rental properties	(B) W2G or other gambling winnings (list losses	
Farm activity	below if taxpayer can itemize deductions)	
Gambling winnings, including lottery	(A) Schedule C	
Refund of state or local income tax?	1099-Misc; Number:	
From contract or self-employment work	1099-K: Number	
Did you report a business loss on last year's tax	Other income reported elsewhere	
return?	Schedule C expenses:	
Any other money received during the year (cash		
payments, jury duty, awards, virtual currency,		
royalties, union strike benefits):	Other income:	
Did you pay any of the following expenses in 2019?	Will the taxpayer use:	Notes/Comments:
Mortgage Interest	(B) Standard deduction	
Taxes: state, local, real estate, sales, etc.	(A)Itemized deduction	
Medical, Dental, Prescription Expenses		
Charitable contributions	(B) Taxable state/local income taxes	
	Did taxpayer itemize their deductions in prior year?	
	Yes No	
Did you pay any of these expenses in 2019?	To be reported on the tax return:	Notes/Comments:
Student loan interest	(B) 1098-E	
Child and dependent care	(B) Child and Dependent care credit	
Contributions to a retirement account	(A) IRA, 401(k), etc. deduction	
School supplies by a teacher, teacher's aide or other	(B) Saver's credit	
educator	(B) Educator expenses deduction	
Alimony payments (do not include child support)	(B) Alimony payments with spouse's SSN \$	
	(adjustment to income? Yes No)	
To be completed by the Taxpayer (check ALL that apply)	To Be Completed by Certified Volunteer	Notes/Comments

Did any of the following happen during the year:  Someone in your family was a college or other posthigh school student (technical school, etc.)  Sell a home  Have a Health Savings Account  Purchase health insurance through the Marketplace (Exchange)  Receive the First Time Homebuyer Credit in 2008  Have credit card, mortgage or other debt cancelled/forgiven by a lender  Have a loss related to a declared Federal disaster area?  Adopt a child  Have Earned Income Credit, Child Tax Credit, American Opportunity Credit or Head of Household filing status disallowed in a prior year  Receive any letter or bill from the IRS  Make estimated tax payments or apply last year's refund to 2019 taxes  Additional information you think we should know (put information in box below):	(A) 1099-A	Notes/comments from return preparation:
<ol> <li>The following information is for statistical purposes. These quest</li> <li>Would you say you can carry on a conversation in English?</li> <li>Would you say you read a newspaper in English?</li> <li>Do you or any member of your household have a disability?</li> <li>Are you or your spouse a Veteran from the U.S. Armed Force</li> </ol>	Very Well Well Not Well Not at all Very Well Well Not Well Not at all Yes No Prefer not to answer	Prefer not to answer Prefer not to answer
<ul><li>5. Your race?</li><li>American Indian or Alaska Native Asian Black or African</li><li>6. Your spouse's race?</li></ul>	American Native Hawaiian or other Pacific Islander White	Prefer not to answer
	American Native Hawaiian or other Pacific Islander White Not Hispanic or Latino Prefer Not to Answer Not Hispanic or Latino Prefer Not to Answer	Prefer not to answer
Volunteers are trained to provide high quality service and uph		ior to the IRS, email us