Intake/Interview	&	Quality	Review	<b>Sheet</b>
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## 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.

Part I Vour Porsonal Inform	ation (If you	ara filing a i	oint rotur	ontori	vour name	os in the s	amo orde	or as last w	or's roturn					
Your first name				nt return, enter your names in the same order as la Last name					Telephone number			Are you a U.S. citizen?  ☐ Yes ☐ No		
2. Your spouse's first name	M.I.	Last n	Last name				Tel	elephone number  Is your spouse a U.S. citizen'  Yes				J.S. citizen? No		
3. Mailing address					Apt #	City				State	ZI	P code		
4. Your Date of Birth	5. Your job t	title			-	, were you d perman		abled 🗌	Yes □ N		-time stud	lent	_	
7. Your spouse's Date of Birth	8. Your spou	use's job titl	е		•	, was your id perman	•		Yes 🗌 N		-time stud ally blind	lent	<u> </u>	
10. Can anyone claim you or yo	our spouse on	their tax re	turn? [	Yes	☐ No	☐ Unsu	ıre							
11. Have you or your spouse:				a. B	Been a vic	tim of ider	ntity theft	? 🗌	Yes 🗌 N	lo b. Ado	pted a ch	ild? 🗌 Ye	es 🗌 No	
Part II - Marital Status and	Household	Informati	on											
1. As of December 31, 2016, w	vere 🗌 Ur	nmarried	(T	his inclu	des regis	tered dom	estic par	tnerships, c	ivil unions,	or other for	mal relation	onships unde	er state law)	
you:		arried	a. If	Yes, Did	l you get	married in	2016?					Yes 🗌 No	)	
			b. Di	id you liv	e with yo	ur spouse	during a	ny part of th	ne last six m	nonths of 20	)16? □	Yes 🗌 No	)	
	☐ Di	vorced	Da	ate of fin	al decree	)								
	☐ Le	gally Separ	ated Da	ate of se	parate m	aintenanc	e agreem	nent						
	☐ Wi	idowed	Υe	ear of sp	ouse's de	eath								
2. List the names below of:  • everyone who lived with you last year (other than your spouse)  If additional space is needed check here □ and list on page 3														
• anyone you supported but	did not live wi											,		
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	Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/16 (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)	person provide more than	Did this person have less than \$4,050 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?	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	() = 5, )	(yes/no)		() 1 2 () ()	(yes/no)	

Checl	appr	opriate bo	ox for each question in each section						
Yes	No	Unsure	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 or separate maintenance payments?						
			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) Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)						
			12. (B) Unemployment Compensation? (Form 1099G)						
			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, royalties, foreign income, etc.) Specify						
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay						
			1. (B) Alimony or separate maintenance payments? 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) College or 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?						
			12. (B) Student loan interest? (Form 1098-E)						
Yes	No	Unsure	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. (A) 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 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) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?						
			9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?						

Chec	k app	ropriate	box for each question in each section			
Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)			
			1. (B) Have health care coverage?			
			2. (B) Receive one or more of these forms? (Check the box)   Form 1095-B  Form 1095-C			
			3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]			
			3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?			
			3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?			
	4. (B) Have an exemption granted by the Marketplace?					
Not	es:					
Part '	VII – A	Additiona	I Information and Questions Related to the Preparation of Your Return			
1. Pre	esider	ntial Electi	on 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						
2. If v	ou are	e due a re	fund, would you like:			
a. Direct deposit  Yes  No  Do You want to apply for the Cash Advance  Yes  No  C. How would you like your refund  Debit Card  Check  Walmart Direct One						
3. If you have a balance due, would you like to make a payment directly from your bank account?   Yes   No  No  Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)						
			Tax Payer Signature: Date:			
			Spouse Signature: Date:			
Addit	onal o	comments	<b>3</b>			