

Form 13614-C Job Aid for Volunteers

View photo ID's for each taxpayer and spouse (if filing a joint return).	Name as shown on Social Security records (see Tab B Determining the Last Name of Taxpayer).	Taxpayer's current address where IRS should mail refund and/or other correspondence.	Use Tab C to verify taxpayer and spouse's dependency status.	Refer to Tab P if taxpayer is a victim of identity theft.	Refer to Pub 4012, for definition of Legally Blind, Totally and Permanently Disabled and Full Time Student.	If not a US citizen, use Tab L Resident or Nonresident Alien Decision Tree to determine if return is within scope.
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Form **13614-C** (October 2019) Department of the Treasury - Internal Revenue Service
Intake/Interview & Quality Review Sheet OMB Number 1545-1064

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 1-4 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.

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.

Part I - Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Daytime telephone number	Are you a U.S. citizen?
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen?
3. Mailing address			Apt #	City
4. Your Date of Birth		5. Your job title	6. Last year, were you:	
7. Your spouse's Date of Birth		8. Your spouse's job title	9. Last year, was your spouse:	
10. Can anyone claim you or your spouse as a dependent?		11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?		

Part II - Marital Status and Household Information

1. As of December 31, 2019, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2019? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2019? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:

- everyone who lived with you last year (other than 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	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	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/19 (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)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this person have less than \$4,200 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? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Taxpayer must include everyone who lived with the taxpayer and anyone the taxpayer supported who lived elsewhere. Always confirm this information during the interview process, especially if the taxpayer did not list anyone.	Verify birth date for each person included on the tax return. Note: Incorrect birth dates may cause efile rejection.	Verbally confirm the number of months each person listed lived in the home. Note: Consider any temporary absences.	If not a US citizen, use Tab L Resident or Nonresident Alien Decision Tree to determine if return is within scope.	If taxpayer's marital status changed in 2019 (Married or Divorced), verify how it may affect ACA and if the return is within scope.	The Certified Volunteer Preparer will complete these questions for each listed person during the interview.	See Page 3 to verify if taxpayer listed additional names.
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Important Reminder: Review all information in Part II before using Tabs B and C to determine Dependency Exemptions and Filing Status.

Important Reminder: The Intake/Interview process may be considered incomplete if:
 - questions are left unanswered in Parts I thru V
 - "Unsure" answers are not addressed with the taxpayer and then annotated to "Yes" or "No".
 - applicable Certified Volunteer Preparer shaded area is not completed.

Important Reminder: Do not refer taxpayers to the Voltax e-mail address for IRS help or refund information.

Refer to the back cover of Pub 4012 for appropriate IRS referrals.

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Important Reminder: During the interview, question taxpayers about any items marked unsure and mark them "Yes" or "No". Modify any taxpayer answers to correctly reflect all information obtained during the interview.

<p>Certification indicators (B, A, M) should only be used to assign returns to preparers.</p> <p>Final certification level determinations should be made by using the Scope of Service Chart after completing the interview.</p>	<p>Part III – Income – Last Year, Did You (or Your Spouse) Receive</p> <ol style="list-style-type: none"> (B) Wages or Salary? (Form W-2) <i>← If yes, how many jobs did you have last year?</i> (A) Tip Income? (B) Scholarships? (Forms W-2, 1098-T) (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) (B) Refund of state/local income taxes? (Form 1099-G) (B) Alimony income or separate maintenance payments? (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services) (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R) (B) Unemployment Compensation? (Form 1099G) (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) (M) Income (or loss) from Rental Property? (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other etc.) Specify _____ 	<p>Part III - Income</p> <ol style="list-style-type: none"> See Tab D, Form W-2 instructions. If yes, verify tips were reported to employer. If not, complete Form 4137 (Advanced). See Tab D for information on how to enter taxable scholarships. Verify the return is within the scope of VITA/TCE programs. If yes, determine if they are taxable. Not all of these items are reported on Form 1040, Schedule 1, Line 8. See Publication 17.
<p>Part IV - Expenses</p> <ol style="list-style-type: none"> See Tab E for definition of alimony. Verify eligibility for saver's credit. See Tab J and compare credits and adjustments for college or post secondary educational expenses. Verify if the taxpayer can itemize and advise taxpayer of records requirements for charitable contributions. Ask the taxpayer for child care provider's TIN. Student loan interest adjustment, see Tab E. See Tab I, G, and J for impact of a Yes answer on any credits this year. 	<p>Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay</p> <ol style="list-style-type: none"> (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contribution (B) Child or dependent care expenses such as daycare? (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.? (A) Expenses related to self-employment income or any other income you received? (B) Student loan interest? (Form 1098-E) 	<p>Part V - Life Events</p> <ol style="list-style-type: none"> The taxpayer may have a requirement to repay their credit. Ask the taxpayer for a copy of last year's return to locate necessary information. Taxpayer must provide a copy of Form 1095-A if they received insurance through the marketplace. For Economic Impact Payment, Verify if taxpayer may be eligible for any additional payment.
	<p>Part V – Life Events – Last Year, Did You (or Your Spouse)</p> <ol style="list-style-type: none"> (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12) (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-E) (A) Adopt a child? (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for _____ (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) (A) Receive the First Time Homebuyers Credit in 2008? (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____ (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A] (B) Receive an Economic Impact Payment (stimulus) in 2020? 	

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<p>Additional Information</p> <ol style="list-style-type: none"> Ask your site coordinator where to record the email address. The presidential election campaign fund answer will be entered into Taxlayer Software. See tab K on how to enter information for a refund. 	<p>Additional Information and Questions Related to the Preparation of Your Return</p> <ol style="list-style-type: none"> Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____ 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 <input type="checkbox"/> You <input type="checkbox"/> Spouse If you are due a refund, would you like: a. Direct deposit <input type="checkbox"/> Yes <input type="checkbox"/> No b. To purchase U.S. Savings Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No c. To split your refund <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? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live in an area that was declared a Federal disaster area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Did you, or your spouse if filing jointly, receive a letter from the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the follow this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes.</p> <ol style="list-style-type: none"> Would you say you can carry on a conversation in English, both understanding & speaking? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all Would you say you can read a newspaper or book in English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all Do you or any member of your household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Are you or your spouse a Veteran from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Your race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other Your spouse's race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> No spouse Your ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer Your spouse's ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> No spouse <p>Additional comments _____</p>	<p>Additional Information</p> <ol style="list-style-type: none"> Check for tax benefits for declared disaster areas. Determine if the IRS letter may impact the return and refer to them available resources. 7, 8, 9, 11. Answers to the questions on race will be transferred and collected inside taxlayer software.
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Important Reminder: A quality review of each return must be completed using the quality review checklist in Tab K.