

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 1545-1084

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:	
		b. Totally and permanently disabled		a. Full-time student
		b. Totally and permanently disabled		c. Legally blind
				a. Full-time student
				c. Legally blind
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

To be completed by a Certified Volunteer Preparer													
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, HSA, 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>	Part III – Income – Last Year, Did You (or Your Spouse) Receive		See Tab D Form W-2 Instructions
	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____	
	<input type="checkbox"/>	2. (A) Tip Income?	If yes, verify tips were reported to employer. If not, complete Form 4137 (Advanced).
	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)	See Tab D for information on how to enter taxable scholarships.
	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)	
	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)	
	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?	Verify the return is within the scope of VITA/TCE Programs.
	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)	
	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?	
	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)	
	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)	
	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)	
	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)	
	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)	If yes, determine if taxable.
	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?	
<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____	See Tab E for definition of alimony.	
Not all of these items are reported on Schedule 1, Line 8. See Pub 17.	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay		See Tab J and compare credits and adjustments.
<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No		Advise taxpayer of records requirements (Sch A) see Pub 17.
Verify eligibility for Saver's Credit.	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B)	
<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)		
Verify if taxpayer can itemize.	<input type="checkbox"/>	4. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Int <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable C	
<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?		If yes, ask taxpayer for child care provider's TIN.
<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?		
<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?		
Student Loan Interest adjustment See Tab E.	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)	
<input type="checkbox"/>	Part V – Life Events – Last Year, Did You (or Your Spouse)		See Tab I, Tab G or Tab J for impact of a "Yes" answer on any credits for this year.
<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)		Taxpayer must provide a copy of Form 1095-A if they received insurance through the Marketplace.
<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C)		
<input type="checkbox"/>	3. (A) Adopt a child?		
<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year?		
<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)		
<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?		
<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____		
<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?		
<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]		

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<p>Ask your Site Coordinator where to record the email address.</p> <p>See Tab K on how to enter information about a refund.</p> <p>Check for tax benefits for declared disaster areas.</p>	1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)		<p>The Presidential Election Campaign Fund answer will be entered into TaxSlayer software.</p> <p>Determine if the letter may impact the return and refer them to any available resources if help is needed.</p> <p>Answers to these questions will be transferred and collected inside TaxSlayer software.</p>
	2. 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	
	3. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. 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	
	5. Live in an area that was declared a Federal disaster area?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	
	6. Did you, or your spouse if filing jointly, receive a letter from the IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistics.		
	7. 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	
	8. 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"/> No	
	9. 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	
	10. 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	
11. 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"/> Wh		

Important Reminder: A Quality Review of each return must be completed using the Quality Review Checklist in Tab J.