

# Intake/Interview and Quality Review Sheet

**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

- Complete pages 1-6 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 [ts.voltax@irs.gov](mailto:ts.voltax@irs.gov)**

Your first name ( <i>pronouns, optional</i> )	M.I.	Last name	Your date of birth	Your job title
Spouse's first name ( <i>pronouns, optional</i> )	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address ( <i>optional</i> )	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Check if you or your spouse were in 2024:**

A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
				Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

<b>If due a refund</b> , how would you like your refund	<b>If you have a balance due</b> , how would you like to make your payment
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Bank account
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Set up installment agreement
<input type="checkbox"/> Check by mail	<input type="checkbox"/> IRS.gov Direct Pay
<input type="checkbox"/> Other _____	<input type="checkbox"/> Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English  You  Spouse  No

What language \_\_\_\_\_

Would you like information on how to vote and/or how to register to vote  Yes  No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund  You  Spouse  No

As of December 31, 2024, what was your marital status

<input type="checkbox"/> <b>Never Married</b>	<input type="checkbox"/> <b>Married</b>	If married, were you married for all of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse during any part of the last six months of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Divorced</b>	<input type="checkbox"/> <b>Legally Separated but not Divorced</b>		<input type="checkbox"/> <b>Widowed</b>
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____

**To be completed by certified volunteer:** Can anyone else claim the taxpayer or spouse on their tax return  Yes  No

List the names below of everyone who lived with you last year (except your spouse) <b>AND</b> anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					<b>To be completed by certified volunteer (Yes, No, or N/A)</b>				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

**Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**

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Received money from any of the following in 2024:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

**Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**

**Paid any of the following expenses to itemize in 2024?**

- (A) Mortgage Interest
- (A) Taxes: state, local, real estate, sales, etc.
- (A) Medical, dental, prescription expenses
- (A) Charitable contributions

**(To be completed by certified volunteer) Standard or Itemized Deductions**

- (A) 1098 # \_\_\_\_\_
- (B) Standard deduction       (A) Itemized deduction

**Notes/Comments**

**Paid any of these expenses in 2024?**

- (B) Student loan interest
- (B) Child and dependent care
- (B/A) Contributions to a retirement account
- (B) School supplies by a teacher, teacher's aide or other educator
- (B) Alimony payments (do not include child support)

**(To be completed by certified volunteer) Expenses to report**

- (B) 1098-E
- (B) Child and dependent care credit
- (B/A) IRA (Basic if a Roth IRA or 401K)
- (B) Educator expenses deduction \$ \_\_\_\_\_
- (B) Alimony payments with spouse's SSN \$ \_\_\_\_\_  
Adjustment to income       Yes     No

**Notes/Comments**

**Did any of the following happen during 2024?**

- (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- (A) Sell a home
- (A) Have a health savings account (HSA)
- (A) Purchase health insurance through the Marketplace (Exchange)
- (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- (A) Have a loss related to a declared Federal disaster area
- (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- Receive any letter or bill from the IRS
- (B) Make estimated tax payments or apply last year's refund to 2024 taxes

**(To be completed by certified volunteer) Information to report**

- (B) Taxable scholarship income
- (B) 1098-T (itemized statement from school, invoice, etc.)
- (B) Education credit or tuition and fees deduction
- (A) Sale of home (1099-S)
- HSA contributions       HSA distributions
- (A) 1095-A
- (B) Energy efficient home improvement credit
- (A) 1099-C
- (A) 1099-A  
 Disaster relief impacts return
- (B) EITC, CTC, AOTC or HOH disallowed in a previous year  
Year disallowed      Reason
- Eligible for Low Income Taxpayer Clinic referral
- Estimated tax payments \_\_\_\_\_
- Last year's refund applied to this year \_\_\_\_\_
- Last year's return available

**Notes/Comments**

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## Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- |   |   |                               |   |                                     |   |
|---|---|-------------------------------|---|-------------------------------------|---|
| 1. Would you say you can carry on a conversation in English   | <input type="checkbox"/> Very well  | <input type="checkbox"/> Well | <input type="checkbox"/> Not well             | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 2. Would you say you can read a newspaper in English  | <input type="checkbox"/> Very well  | <input type="checkbox"/> Well | <input type="checkbox"/> Not well             | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 3. 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 |                                     |   |
| 4. Are you or your spouse a Veteran of the U.S. Armed Forces  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <input type="checkbox"/> Prefer not to answer |                                     |   |
| 5. What is your race and/or ethnicity? <i>(select all that apply)</i>   | 6. What is your spouse's race and/or ethnicity? <i>(select all that apply)</i>  |                               |   |                                     |   |
| <input type="checkbox"/> Prefer not to answer   | <input type="checkbox"/> Prefer not to answer   |                               |   |                                     |   |
| <input type="checkbox"/> <b>American Indian or Alaska Native</b> <i>(for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</i> | <input type="checkbox"/> <b>American Indian or Alaska Native</b> <i>(for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</i> |                               |   |                                     |   |
| <input type="checkbox"/> <b>Asian</b> <i>(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</i>   | <input type="checkbox"/> <b>Asian</b> <i>(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</i>   |                               |   |                                     |   |
| <input type="checkbox"/> <b>Black or African American</b> <i>(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</i>  | <input type="checkbox"/> <b>Black or African American</b> <i>(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</i>  |                               |   |                                     |   |
| <input type="checkbox"/> <b>Hispanic or Latino</b> <i>(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</i>  | <input type="checkbox"/> <b>Hispanic or Latino</b> <i>(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</i>  |                               |   |                                     |   |
| <input type="checkbox"/> <b>Middle Eastern or North African</b> <i>(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</i>   | <input type="checkbox"/> <b>Middle Eastern or North African</b> <i>(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</i>   |                               |   |                                     |   |
| <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> <i>(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</i>  | <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> <i>(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</i>  |                               |   |                                     |   |
| <input type="checkbox"/> <b>White</b> <i>(for example, English, German, Irish, Italian, Polish, Scottish, etc.)</i>   | <input type="checkbox"/> <b>White</b> <i>(for example, English, German, Irish, Italian, Polish, Scottish, etc.)</i>   |                               |   |                                     |   |

### Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

**Additional Notes/Comments**

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