

Form 13614-C (October 2025)		Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet						OMB Number 1545-1964						
You will need: <ul style="list-style-type: none">Tax Information such as Forms W-2, 1099, 1098, 1095.Social Security cards or ITIN letters for all persons on your tax returnPicture ID (such as valid driver's license) for you and your spouse						<ul style="list-style-type: none">Complete pages 1-5 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														
Your first name FRED		M.I.	Last name FLINTSTONE		Your date of birth 12/18/55		Your job title RETIRED							
Spouse's first name WILMA		M.I.	Last name FLINTSTONE		Spouse's date of birth 12/18/57		Spouse's job title RETIRED							
Mailing address 123 MAIN ST				Apt #	City HAMILTON		State NJ	ZIP code 08619						
Your telephone number 609 111 1111		Spouse's telephone number		Email address (optional)			Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Can anyone else claim you or your spouse on their tax return						<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Check if you or your spouse were in 2025:						Legally blind		<input type="checkbox"/> Yes <input type="checkbox"/> No						
A U.S. citizen		<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> No		Totally and permanently disabled		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
In the U.S. on a visa		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		Issued an identity protection PIN (IPPIN)		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
A full-time student		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No		Owners or holders of any digital assets		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
If due a refund, how would you like your refund						If you have a balance due, how would you like to make your payment								
<input checked="" type="checkbox"/> Direct deposit		<input type="checkbox"/> Check by mail				<input type="checkbox"/> Bank account		<input type="checkbox"/> IRS.gov Direct Pay						
<input type="checkbox"/> Split refund between accounts		<input type="checkbox"/> Other _____				<input type="checkbox"/> Set up installment agreement		<input type="checkbox"/> Mail payment to IRS						
Would you like to receive written communications from the IRS in a language other than English						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
What language _____														
Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund						<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> No								
As of December 31, 2025, what was your marital status														
<input type="checkbox"/> Never Married		<input checked="" type="checkbox"/> Married		If married, were you married on the last day of the year		<input type="checkbox"/> Yes <input type="checkbox"/> No								
				Did you and your spouse live apart all of the last 6 months of the year		<input type="checkbox"/> Yes <input type="checkbox"/> No								
<input type="checkbox"/> Divorced		<input type="checkbox"/> Legally Separated but not Divorced				<input type="checkbox"/> Widowed								
Date of final decree _____		Date of separate maintenance decree _____				Year of spouse's death _____								
List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (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 \$5,200 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.

Received money from any of the following in 2025:

(To be completed by certified volunteer) Income to be included Notes/Comments

☐ (B) Wages as a part-time or full-time employee

☐ (B) W-2s

#

How many jobs _____

☐ (B/A) Tips

☐ (B/A) Tips (Basic when reported on W2)

☒ (B/A) Retirement account, pension or annuity proceeds

☐ (B/A) 1099-R (Basic when taxable amount is reported) #

☐ (A) Qualified Charitable Distribution From 1099-R \$

☐ (B) Disability benefits (such as payments from insurance and worker's compensation)

☐ (B) Disability benefits on 1099-R or W-2

#

☒ (B) Social Security or Railroad Retirement Benefits

☐ (B) SSA-1099, RRB-1099

#

☐ (B) Unemployment benefits

☐ (B) 1099-G

#

☐ (B) Refund of state or local income tax

☐ (B) Refund

\$

☐ (B) Itemized last year

☐ Yes ☐ No

☒ (B) Interest or dividends (bank account, bonds, etc.)

☐ (B) 1099-INT

#

☐ (B) 1099-DIV

#

☐ (A) Sale of stocks, bonds or real estate

☐ (A) 1099-B (include brokerage statement)

#

Did you report a loss on last year's return ☐ Yes ☐ No

☐ Capital loss carryover

☐ Yes ☐ No

☐ (B) Alimony

☐ (B) Alimony

\$

Excluded from income

☐ Yes ☐ No

☐ (A/M) Income from renting out your house or a room in your house

☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)

If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No

☐ Rental expense

\$

☐ Income from renting personal property such as a vehicle

☐ (B) Gambling winnings, including lottery

☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions)

#

☐ (A) Payments for contract or self-employment work

☐ (A) Schedule C

Did you report a loss on last year's return ☐ Yes ☐ No

☐ 1099-MISC

#

☐ 1099-NEC

#

☐ 1099-K

#

☐ Other income reported elsewhere

☐ Schedule C expenses

\$

☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)

☐ 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 2025? <input type="checkbox"/> (A) Mortgage Interest <input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, dental, prescription expenses <input type="checkbox"/> (A) Charitable contributions	(To be completed by certified volunteer) Standard or Itemized Deductions <input type="checkbox"/> (A) 1098 # _____ <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	Notes/Comments
Paid any of these expenses in 2025? <input type="checkbox"/> (B) Student loan interest <input type="checkbox"/> (B) Child and dependent care <input type="checkbox"/> (B/A) Contributions to a retirement account <input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> (B) Alimony payments (do not include child support)	(To be completed by certified volunteer) Expenses to report <input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K) <input type="checkbox"/> (B) Educator expenses deduction \$ _____ <input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes/Comments
Did any of the following happen during 2025? <input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.) <input type="checkbox"/> (A) Sell a home <input type="checkbox"/> (A) Have a health savings account (HSA) <input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange) <input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.) <input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.) <input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender <input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area <input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit) <input type="checkbox"/> Receive any letter or bill from the IRS <input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes <input type="checkbox"/> Brought last year's return	(To be completed by certified volunteer) Information to report <input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction <input type="checkbox"/> (A) Sale of home (1099-S) <input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions <input type="checkbox"/> (A) 1095-A <input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only) <input type="checkbox"/> VIN # _____ <input type="checkbox"/> (A) 1099-C <input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return <input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason <input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral <input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available	Notes/Comments

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? <u>Select all that apply</u>			6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>		
<input type="checkbox"/> American Indian or Alaska Native (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.)			<input type="checkbox"/> American Indian or Alaska Native (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.)		
<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)			<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)		
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)			<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)		
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)			<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)		
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)			<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)		
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)			<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)		
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)			<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)		

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, 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

PROPERTY TAX - \$5750

BANK 021200339

123456789

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

FRED FLINTSTONE

Box 2. Beneficiary's Social Security Number

Box 3. Benefits Paid in 2019

Box 4. Benefits Repaid to SSA in 2018

Box 5. Net Benefits for 2018 (Box 3 minus Box 4)

25,000

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit:

Medicare Part B premiums deducted from your benefits:

2,200

Total Additions:

Benefits for 2019:

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

2,300

Box 7. Address

Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2019 - Subject to Change

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025 PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name WILMA FLINTSON		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2019	Box 4. Benefits Repaid to SSA in 2018	Box 5. Net Benefits for 2018 (Box 3 minus Box 4) 1,500

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit: Medicare Part B premiums deducted from your benefits: 2200 Total Additions: Benefits for 2019:	
	Box 6. Voluntary Federal Income Tax Withholding 0
	Box 7. Address
	Box 8. Claim Number (Use this number if you need to contact SSA.)

Draft as of June 21, 2019 - Subject to Change

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIDELITY P O BOX 28019 ALBUQUERQUE, NM 87125		1 Gross distribution \$ 12,000	OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 12,000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S TIN 04-3523567	RECIPIENT'S TIN 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1200		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name FRED FINSTONE Street address (including apt. no.) 123 MAIN ST. City or town, state or province, country, and ZIP or foreign postal code HAMILTON, NJ 08619		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

BANK OF AMERICA
TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293

FOR YEAR 2025

THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE

BANK OF AMERICA

BANK# 00035

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-0322

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2023 - 1099-INT, INTEREST INCOME

ADVANTAGE SVGS ACCOUNT NUMBER
BOX 1 0032-4514-3892
INTEREST INCOME

148.03

TOTAL INTEREST

148.03

PLEASE NOTE: IF YOU HAVE ANY QUESTIONS, YOU SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE
NUMBER 1-877-520-1099. IF YOU HAVE A TAXPAYER IDENTIFICATION NUMBER, CALL THE NUMBER
LISTED ABOVE IF IT IS APPLICABLE.

BANKOFAMERICA.COM
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE