

# Intake/Interview & Quality Review Sheet

Department of the Treasury - Internal Revenue Service

OMB Number  
1545-1964

**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](mailto: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 <b>FRED</b>	M.I.	Last name <b>FINSTON</b>	Best contact number <b>609 111 1111</b>	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name <b>WILMA</b>	M.I.	Last name <b>FINSTON</b>	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address <b>123 ROCKY WAY</b>		Apt #	City <b>BEDROCK</b>	State <b>NJ</b>
				ZIP code <b>08619</b>

4. Your Date of Birth <b>12/18/1945</b>	5. Your job title <b>RETIRED</b>	6. Last year, were you: b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth <b>12/18/1947</b>	8. Your spouse's job title <b>RETIRED</b>	9. Last year, was your spouse: b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Can anyone claim you or your spouse as a dependent?  Yes  No  Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?  Yes  No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

**Part II - Marital Status and Household Information**

1. As of December 31, 2022, 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 2022?  Yes  No

Divorced b. Did you live with your spouse during any part of the last six months of 2022?  Yes  No

Legally Separated Date of separate maintenance decree \_\_\_\_\_

Widowed 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 12/31/22 (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, n/a)	Did this person have less than \$4,400 of income? (yes, no, n/a)	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)
<b>2/A</b>	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) All-in-one or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T) <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

**Additional Information and Questions Related to the Preparation of Your Return**

1. Would you like to receive written communications from the IRS in a language other than English?  Yes  No If yes, which language? \_\_\_\_\_
  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  You  Spouse
    - 3. If you are due a refund, would you like:
      - a. Direct deposit  Yes  No
      - b. To purchase U.S. Savings Bonds  Yes  No
      - c. To split your refund between different accounts  Yes  No
  4. If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No If yes, where? \_\_\_\_\_
  5. Did you live in an area that was declared a Federal disaster area?  Yes  No
  6. Did you, or your spouse if filing jointly, receive a letter from the IRS?  Yes  No
  7. Would you like information on how to vote and/or how to register to vote?  Yes  No
- Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.**

8. Would you say you can carry on a conversation in English, both understanding & speaking?  Very well  Well  Not well  Not at all  Prefer not to answer
9. Would you say you can read a newspaper or book in English?  Very well  Well  Not well  Not at all  Prefer not to answer
10. Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer
12. Your race?
  - American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer
  - 13. Your spouse's race?
    - American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Prefer not to answer
    - No spouse
  - 14. Your ethnicity?
    - Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer
    - 15. Your spouse's ethnicity?
      - Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer  No spouse

PROPERTY TAX = \$5,750

IF REFUND -> SEND CHECK

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. 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:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

**2023** PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>FRED FLINTSTONE</b>		Box 2. Beneficiary's Social Security Number <b>XXX XX XXXX</b>
Box 3. Benefits Paid in 2015 <b>2023</b>	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 (For a month (Box #)) <b>23,113</b>
DESCRIPTION OF AMOUNT IN BOX 3 <b>MEDICARE B PREMIUM 1,750</b>		DESCRIPTION OF AMOUNT IN BOX 4
<b>SAMPLE</b>		Box 6. Voluntary Federal Income Tax Withheld <b>2041</b>
		Box 7. Address <b>123 ROCKY WAY BED ROCK, NJ 08619</b>
		Box 8. Claims Number (Use this number if you need to contact SSA.)

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2023** PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name WILMA FLINTSTONE		Box 2. Beneficiary's Social Security Number XXX XX XXXX
Box 3. Benefits Paid in 2015 2023	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 (Box 3 minus Box 4) 15,000

DESCRIPTION OF AMOUNT IN BOX 3  MEDICARE B PREMIUM 1,750	DESCRIPTION OF AMOUNT IN BOX 4
	Box 6. Voluntary Federal Income Tax Withheld 1,000
	Box 7. Address E 123 ROCKY WAY BEDROCK, NJ 08619
	Box 8. Claim Number (Use this number if you need to contact SSA.)

SAMPLE



VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>FIDELITY INVESTMENTS PO BOX 28019 ALBUQUERQUE, NM 87125</b>		1 Gross distribution \$ <b>22,000</b>		OMB No. 1545-0119 <b>2023</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S TIN <b>04-3523567</b>		2a Taxable amount \$ <b>22,000</b>		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S TIN <b>XXX XX XXX</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ <b>2.200</b>		<b>Copy 1 For State, City, or Local Tax Department</b>
RECIPIENT'S name <b>FRED FLINTSTONE</b>		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) <b>123 ROCKY WAY</b>		7 Distribution code(s) <b>7</b> IRA/SEP/SIMPLE <input checked="" type="checkbox"/>		8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code <b>BEDROCK, NJ 08619</b>		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, N.A.  
TAX REPORTING  
PO BOX 15293  
WILMINGTON, DE 19850-5293

**TAX STATEMENT  
FOR YEAR 2023**  
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 BOX 1	ACCOUNT NUMBER 0032-4514-3892
	INTEREST INCOME 148.03
TOTAL INTEREST	148.03

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.  
BANKOFAMERICA.COM  
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE