Form **13614-C** (November 2025)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	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

- Complete pages 1-3 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.

Your first name	M.I.	Last name	Your date of birth	Your job title
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code

Your telephone number	Spouse's telephone number	Email address	Did you live or work in two or more states in 2024 ☐ Yes ☐ No

Check if you or your spouse were in 2024:

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

If due a refund, how would you like your refund
- ☐ Direct deposit
- ☐ Split refund between accounts
- ☐ Check by mail
- ☐ Other _____

Every Social Security Number on Return:

As of December 31, 2025, what was your marital status

- ☐ **Never Married**
- ☐ **Married**   If married, were you married for all of 2024 ☐ Yes ☐ No
  Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No
- ☐ **Divorced**   ☐ **Legally Separated but not Divorced**   ☐ **Widowed**
  Date of final decree _____   Date of separate maintenance decree _____   Year of spouse's death _____

Can anyone else claim the taxpayer or spouse on their tax return	☐ Yes ☐ No

DEPENDENTS: List the names below of everyone who lived with you last year that you are claiming (except spouse) AND anyone you supported but did not live with you last yr.

	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in	Single or Married as of 12/31/25 (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

(Answer Yes or No (Y/N)) — *(Yes, No, or N/A)*

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:	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?

☐ (A) Mortgage Interest

☐ (A) Taxes: state, local, real estate, sales, etc.

☐ (A) Medical, dental, prescription expenses ☐

(A) Charitable contributions

Standard or Itemized Deductions

Notes/Comments

☐ (A) 1098   # _____

☐ (B) Standard deduction   ☐ (A) Itemized deduction

Paid any of these expenses in 2025?

☐ (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)

Expenses to report

Notes/Comments

☐ (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

Did any of the following happen during 2025?

☐ (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 2025 taxes

Information to report

Notes/Comments

☐ (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 _____