## Intake/Interview & 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.							You are responsible for the information on your return. Please provide complete and accurate information.									
**Email Address :																
Part I – Your Personal Info	rmation (If you	are filing a	a joint retu	rn, ent	er your na	ames in th	ne same o	rder a	s last yea	r's return	)					
1. Your first name	M.I.	Last na		•	Social Security #			Daytime telephone number			Are you a U.S. citizen?  Yes No					
2. Your spouse's first name	M.I.	Last na	me	Social Security # Daytime telephone number Is your sp								pouse a U.S. citizen?				
3. Mailing address					Apt #	City					State	ZI	P co	ode		
4. Your Date of Birth 5. Your job		tle			Last year,	were you	vere you:			a. Full-tir			□ Ye	es	□ No	
				b. T	Totally an	nd permanently disab		bled	☐ Yes ☐ No		c. Legall	y blind	□ Ye	es	□ No	
7. Your spouse's Date of Birth	8. Your spouse	8. Your spouse's job title				Last year, was your spouse:				a. Full-time stu			□ Ye	es	□ No	
			b.	b. Totally and permanently disable			bled	☐ Yes ☐ No c. Lega			ly blind		es	□ No		
10. Can anyone claim you or yo					☐ No	☐ Unsu										
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?																
Part II – Marital Status and Household Information																
1. As of December 31, 2022, what   Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)																
was your marital status?																
b. Did you live with your spouse during any part of the last six months of 2022?   Yes No																
☐ Divorced Date of final decree																
<ul> <li>☐ Legally Separated Date of separate maintenance decree</li> <li>☐ Widowed Year of spouse's death</li> </ul>																
	☐ Wido	wed	Yea	ar of sp	oouse's de	eath										
List the names below of:     everyone who lived with your contents.	ou last year (othe	er than you	ır spouse)	that yo	ou are dai	imïng as a	depende	ent.								
Name (first, last) Do not enter your name or spouse's name below	(mm/dd/yy) to	you? son,	months	US Citizen (yes/no)	of US,	Single or Married as of 12/31/2 (S/M)	1	Totally Permar Disable (yes/no	nently ed	Soc	ial Securit <b>y</b> Nu	ımber				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)								
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Check	Check appropriate box for each question in each section									
Yes	No	Unsure	Part III - Income - Last Year, Did You (or Your Spouse) Receive							
			1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year?							
			2. (A) Tip Income?							
			3. (B) Scholarships? (Forms W-2, 1098-T)							
			4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)							
			5. (B) Refund of state/local income taxes? (Form 1099-G)							
			6. (B) Alimony income or separate maintenance payments?							
			7. (A) Self-Employment income? (Form 1099-MISC, cash, virtual currency, or other property or services)							
			8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?							
			9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (Forms 1099-S, 1099-B)							
			10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)							
			11. (A) Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)							
			12. (B) Unemployment Compensation? (Form 1099G)							
			13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)							
			14. (M) Income (or loss) from Rental Property?							
			15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services,							
			etc.) Specify							
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay							
			1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN?   Yes   No							
			2. Contributions to a retirement account?    IRA (A)    401K (B)    Roth IRA (B)    Other							
			3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)							
			4. (A) Any of the following?   Medical & Dental (including insurance premiums)   Mortgage Interest (Form 1098)							
			☐ Taxes (State, Real Estate, Personal Property, Sales) ☐ Charitable Contributions							
			5. (B) Child or dependent care expenses such as daycare? If yes, form from provider is needed.							
			6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?							
			7. (A) Expenses related to self-employment income or any other income you received?							
			8. (B) Student loan interest? (Form 1098-E)							
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)							
			1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)							
			2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)							
			3. (A) Adopt a child?							
			4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?							
			5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)							
			6. (A) Receive the First Time Homebuyers Credit in 2008?							
			7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?							
			8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?							
			9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]							