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Version 1.3

TAX PREPARATION INFORMATION SHEET

Office of the Staff Judge Advocate
5th Bomb Wing, Minot AFB, North Dakota

Part I. Your Personal Information

First Name | M.I. | Last Name | SSN | Rank

SPOUSE INFORMATION:

First Name | **M.I.** | Last Name | SSN | Rank

ADDRESS:

Street | **Apt.** | **City** | **State** | **ZIP Code**

E-Mail Address

Your Info		Your Spouse's Info			Occupation	Squadron
Work Phone		Work Phone		You		
Home Phone		Home Phone		Spouse		
Cell Phone		Cell Phone				

Your State of Legal Residence

Spouses State of Legal Residence

Birth Date | **Birth Date**

Part II. Family and Dependent Information

1. **On Dec 31st:** Were you: ◯ Single ◯ Legally Married ◯ Widowed: Date of spouse's death:

◯ Divorced or Legally Separated: (Date of final decree or separate maintenance agreement)

If married, did you live with your spouse during any part of the last six months of 2009? ◯ **YES** ◯ **NO**

Can someone else claim you or your spouse as a dependent on their tax return? ◯ **YES** ◯ **NO**

	Taxpayer	Spouse
Check if US Citizen or resident alien	☐	☐
Check if lived in the U.S. for more than 6 months	☐	☐
Check if Legally Blind	☐	☐
Check if totally & permanently disabled	☐	☐

2.

FAMILY / DEPENDENT INFORMATION -- Do not include yourself or your spouse

Please list all persons who lived in your home and anyone living outside your home that you or your spouse supported during the tax year.

First & Last Name (Must be the name as listed on Social Security Card)	Date of Birth (mm/dd/yyyy)	Social Security Number or ITIN	Relationship to You (Son, Daughter, etc.)	Number months lived in your home last year	US Citizen, Resident of US, Canada or Mexico	Married as of 12/31/09	Full Time student	Rcv'd more than $3,650 in income
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Are any of the dependants listed above, totally and permanently disabled? ◯ **YES** ◯ **NO**

Do you want to use Direct Deposit to a ◯ Savings Account or a ◯ Checking Account

Routing Number (Left 9 digits on bottom of check)

Account Number

Quality Review Performed By

Part III. Life Events– (Check all that apply)

- ☐ 1. If you are due a refund, would you like a direct deposit? (Must provide routing number and account number)
- ☐ 2. If you have a balance due, would you like a direct debit? (Date of debit can be chosen, up to April 15th)

During 2009 did you (or your spouse if filing a joint return):

- ☐ 3. Buy a brand new vehicle? If yes, date of purchase:
- ☐ 4. Buy a home? If yes, closing date:
- ☐ 5. Have a foreclosure or did the bank/financial institution cancel any part of your mortgage loan?
- ☐ 6. Receive an Economic Recovery Payment from the Social Security Administration, Railroad Retirement Board, or Veterans Administration? If yes, how much? ◯ $250 ◯ $500
- ☐ 7. Are you or your spouse a government retiree?
- ☐ 8. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
- ☐ 9. Live in an area that was affected by a natural disaster? If yes, where?
- ☐ 10. Pay college tuition for yourself, your spouse, or your dependents
- ☐ 11. Have any student loans? (Provide amount of student loan interest paid)
- ☐ 12. Make estimated tax payments, or apply last year's refund to your 2009 tax? (If yes, amount)

Part IV. Income – **In 2009, did you (or your spouse) receive:** (Check all that apply)

- ☐ 1. Wages or Salary (include W-2s for all jobs worked during the year)
- ☐ 2. Tip income
- ☐ 3. Scholarships
- ☐ 4. Interest/Dividends from: checking or savings account(s), bonds, CD, or brokerage account
- ☐ 5. State tax refund (if yes, did you itemize last year ◯ Yes ◯ No)
- ☐ 6. Self Employment income - (business, farm, hobby) (**any earned income not reported on a W-2)**
- ☐ 7. Alimony income
- ☐ 8. Proceeds (or loss) from the sale of Stocks, Bonds or Real Estate (include sale of your home)
- ☐ 9. Disability income
- ☐ 10. Pensions, Annuities, and/or IRA distributions
- ☐ 11. Unemployment compensation (1099-G)
- ☐ 12. Social Security or Railroad Retirement Benefits (1099-SSA or RRB)
- ☐ 13. Income from Rental Property
- ☐ 14. Other Income: (gambling,lottery, prizes, awards, jury duty, etc.) Identify

Part V. Expenses – **Did you (or your spouse) pay:** (Check all that apply)

- ☐ 1. Alimony payments (If yes, you must provide the name and SSN of the recipient)
- ☐ 2. Contributions to IRA or other retirement account, including employer retirement account
- ☐ 3. Educational expenses, (such as a computer, books, tuition, etc.), for you, your spouse and/or dependents
- ☐ 4. Classroom supplies if you are a teacher
- ☐ 5. Medical expenses
- ☐ 6. Home mortgage interest
- ☐ 7. Real estate taxes for your home
- ☐ 8. Charitable contributions
- ☐ 9. Child/dependent care expenses that allow you (and your spouse-if married) to work

VOLUNTEER RETURN PREPARATION PROGRAM

CRITICAL INTAKE DATA

Information provided to volunteers at this site will remain confidential. In addition, all information provided will be protected from unauthorized use.

Federal regulations require that certain information be maintained, while other information is needed for program analysis and subsequent year tax preparation.

By electing to file your return electronically, you understand that we can keep your taxpayer information on file.

Your Signature ***Spouse Signature***

Items/documents needed to complete your tax return

Proof of Identity (Photo ID)

Amounts/dates of any estimated or other tax payments made, etc.

Copies of ALL W-2, 1098, 1099 Forms.
(We will not print military W-2s for you)

Amounts of other income received by you and your spouse.

Form 8332 or copy of divorce decree for non-custodial parent claiming child

Social Security Cards or Tax Identification Numbers for you, your spouse **and any other individuals listed on the tax return.**

Provider's address and Tax Identification Number for Child/Dependent Care Credit

Banking Information - Account Number and Routing Transit Number of the financial institution for direct deposit into a saving or checking account

Additional Notes

Section B. For Certified Volunteer Preparer Completion and Reminder

Remember: YOU are the link between the taxpayer's information and a correct tax return! Verify the taxpayer's information on pages 1 & 2. Consult Publications 4012 & 17 as well as other tools. Make notes on this form as needed, especially when the taxpayer's information is missing or incorrect.

Must be completed by Certified Volunteer Preparer

◯ Yes ◯ No ◯ N/A — 1. Can anyone else claim any of the persons listed in Part II, question 2, as a dependent on their return? If yes, which ones:

◯ Yes ◯ No ◯ N/A — 2. Were any of the persons listed in Part II, question 2, totally and permanently disabled? If yes, which ones:

◯ Yes ◯ No ◯ N/A — 3. Did any of the persons listed in Part II, question 2 provide more than half of their own support? If yes, which ones:

◯ Yes ◯ No ◯ N/A — 4. Did the taxpayer provide more than half the support for each of the persons listed in Part II, question 2? If no, which ones:

◯ Yes ◯ No ◯ N/A — 5. Did the taxpayer pay over half the cost of maintaining a home for any of the persons in Part II, question 2? If yes, which ones:

◯ Yes ◯ No — 6. Was the taxpayer's Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year ____________

◯ Yes ◯ No — 7. Does the taxpayer qualify for the first-time homebuyers credit?

Reminders

Use Publication 4012 & 17 in making tax law determination.

- Earned Income Credit with children - the qualifying child cannot be older than the taxpayer.
- Qualifying Child/Qualifying Relatives - Rules have changed
- There are special rules for children of divorced, separated, or never married parents.

New Tax Benefits and credits under ARRA 2009

- Vehicle Sales Tax
- Energy Efficiency
- Education Expense
- Unemployment Benefits
- Economic Recovery Payment
- First Time Homebuyer Credit
- Increase EITC & Child Tax Credit

Making Work Pay Tax Credit

- Does the taxpayer need to adjust their W-4/W-4P withholding?

Section C. To be completed by a Certified Quality Reviewer

Check each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

- ☐ 1. **Section A & B** of this form are complete.
- ☐ 2. **Taxpayer's identity, address** and **phone number** was verified
- ☐ 3. **Names, SSN** or **ITINs** and **dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
- ☐ 4. **Filing Status** is correctly determined.
- ☐ 5. **Personal** and **Dependency Exemptions** are entered correctly on the return
- ☐ 6. All **income** shown on source documents and noted in Section A, Part IV is included on the tax return
- ☐ 7. Any **Adjustments to Income** are correctly reported.
- ☐ 8. **Standard, Additional** or **Itemized Deductions are** correct.
- ☐ 9. All **Credits** are correctly reported.
- ☐ 10. Withholding shown on **Forms W-2, 1099** and **Estimated Tax Payments** are correctly reported.
- ☐ 11. If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.
- ☐ 12. Correct SIDN is shown on the return