

Intake/Interview and 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

- Complete pages 1-6 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 (pronouns, optional) M.I. Last name Your date of birth Your job title
 Marvin M.I. Mason 04/18/1985 admin assistant
 Spouse's first name (pronouns, optional) M.I. Last name Spouse's date of birth Spouse's job title

Mailing address Apt # City State ZIP code
 4500 Swift Creek Lane Chester VA 23831

Your telephone number Spouse's telephone number Email address (optional)
 804-555-2587

Check if you or your spouse were in 2024:

A U.S. citizen You Spouse No Spouse No Spouse No

In the U.S. on a visa You Spouse No Spouse No Spouse No

A full-time student You Spouse No Spouse No Spouse No

If due a refund, how would you like your refund

Direct deposit Check by mail IRS.gov Direct Pay

Split refund between accounts Other Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English
 You Spouse No

What language Yes No

Would you like information on how to vote and/or how to register to vote
 Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund
 You Spouse No

As of December 31, 2024, what was your marital status
 Never Married Married If married, were you married for all of 2024

Divorced Legally Separated but not Divorced Widowed

Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death 9/1/2023

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return

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 2024	Single or Married as of 12/31/2024 (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
Benjamin Mason	7/13/2019	Son	12	S	Y	Y	Y	N	N					

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 2024: (To be completed by certified volunteer) income to be included **Notes/Comments**

<input checked="" type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs <u>1</u>	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____ <input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No Income from renting personal property such as a vehicle	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) \$ _____ <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C # _____ <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere \$ _____ <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> 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.

	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<p><input type="checkbox"/> (A) Mortgage Interest</p> <p><input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.</p> <p><input type="checkbox"/> (A) Medical, dental, prescription expenses</p> <p><input type="checkbox"/> (A) Charitable contributions</p>	<p><input type="checkbox"/> (A) 1098 # _____</p> <p><input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction</p>	
<p>Paid any of these expenses in 2024?</p> <p><input type="checkbox"/> (B) Student loan interest</p> <p><input checked="" type="checkbox"/> (B) Child and dependent care</p> <p><input type="checkbox"/> (B/A) Contributions to a retirement account</p> <p><input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator</p> <p><input type="checkbox"/> (B) Alimony payments (do not include child support)</p>	<p>(To be completed by certified volunteer) Expenses to report</p> <p><input type="checkbox"/> (B) 1098-E</p> <p><input type="checkbox"/> (B) Child and dependent care credit</p> <p><input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)</p> <p><input type="checkbox"/> (B) Educator expenses deduction \$ _____</p> <p><input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____</p> <p>Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Notes/Comments</p>
<p>Did any of the following happen during 2024?</p> <p><input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)</p> <p><input type="checkbox"/> (A) Sell a home</p> <p><input type="checkbox"/> (A) Have a health savings account (HSA)</p> <p><input checked="" type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)</p> <p><input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)</p> <p><input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender</p> <p><input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area</p>	<p>(To be completed by certified volunteer) Information to report</p> <p><input type="checkbox"/> (B) Taxable scholarship income</p> <p><input type="checkbox"/> (B) 1098-T (Itemized statement from school, invoice, etc.)</p> <p><input type="checkbox"/> (B) Education credit or tuition and fees deduction</p> <p><input type="checkbox"/> (A) Sale of home (1099-S)</p> <p><input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions</p> <p><input type="checkbox"/> (A) 1095-A</p> <p><input type="checkbox"/> (B) Energy efficient home improvement credit</p> <p><input type="checkbox"/> (A) 1099-C</p> <p><input type="checkbox"/> (A) 1099-A</p> <p><input type="checkbox"/> Disaster relief impacts return</p> <p><input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year</p> <p>Year disallowed _____ Reason _____</p> <p><input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral</p> <p><input type="checkbox"/> Estimated tax payments _____</p> <p><input type="checkbox"/> Last year's refund applied to this year _____</p> <p><input type="checkbox"/> Last year's return available _____</p>	<p>Notes/Comments</p>
<p><input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)</p> <p><input type="checkbox"/> Receive any letter or bill from the IRS</p> <p><input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes</p>		

