

# **Call ahead to schedule your appointment**

New this year we are offering 3 convenient locations.

**Seneca County Workforce Development & Youth Bureau, Waterloo**  
(315) 539-1905

**Interlaken Library** (607) 532-4341

**Edith B. Ford Library, Ovid** (607) 869-3031

Our Waterloo site offers a "FAST Site" this service allows you to prepare your own tax return on our do it yourself software.

## **Simply print this comprehensive packet which is necessary for your scheduled appointment.**

1. **Appointment Reminder Slip.** This is where you will find the necessary information about what to bring to your appointment. Keep track of your appointment date and time on this page. (1 page)
2. **Federal Intake and Interview Worksheet.** This will assist your tax volunteer in preparing your Federal income taxes. (4 pages)
3. **New York State Intake and Interview Worksheet.** This will assist your tax volunteer in preparing NYS income your taxes. (1 page)

Let us know at the time you call to schedule your appointment if you are unable to print from home or the library and we will mail the forms to you. Please fill out these forms and bring them to your scheduled appointment.

# **Appointment Reminder Slip**

Your appointment is set for:

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- Please remember our volunteers are donating their time –avoid missed appointments or late arrivals.
- Please arrive 10 minutes before scheduled appointment
- 24 hour cancellation notice is required; only 1 reschedule will be permitted.
- Saturday appointments; please use flag pole entrance (west side)
- Bring documentation listed below

## **WHAT TO BRING TO YOUR INCOME TAX APPOINTMENT**

- Completed interview/intake sheet (form 13614-C)
- The amount you received from last year's economic stimulus payment
- Photo ID (Joint Return – Both Spouses must be present)
- Social Security Cards and Birthdates for each dependent
- Wage and earning statement (s) (W-2, W-2G, 1099R, from all employers)
- Interest and dividend statements from banks (forms 1099)
- Total paid for day care provider and the day care provider's tax identifying number
- Form 8332 or copy of divorce decree for non-custodial parent claiming child
- Bank Routing Numbers and account numbers for direct deposit to your savings or checking account, bring your checkbook or deposit slip for account information; consider opening an account in advance
- A copy of last year's Federal and State tax returns if available
- Rental information

# Intake/Interview & Quality Review Sheet

**Section A. You should complete Pages 1-3**

Thank you for allowing us to prepare your tax return. You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer. If you have any questions please ask your preparer.

**You will need your:**

- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

**Part I. Your Personal Information**

|   |                        |             |                                      |         |   |  |
|---|------------------------|-------------|--------------------------------------|---------|---|--|
| 1. Your First Name  |                        | M. I.       | Last Name                            |         | Are you a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 2. Spouse's First Name  |                        | M. I.       | Last Name                            |         | Is spouse a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 3. Mailing Address  |                        | Apt#        | City                                 |         | State   | Zip Code   |
| 4. Contact Information  |                        |             |                                      |         |   |  |
| Phone:  |                        | Cell Phone: |                                      | E-mail: |   |  |
| 5. Your Date of Birth   | 6. Your Job Title      |             | Are you:                             |         | 7. Legally Blind  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                        |             | 8. Totally and Permanently Disabled  |         |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Spouse's Date of Birth   | 10. Spouse's Job Title |             | Is Spouse:                           |         | 11. Legally Blind   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                        |             | 12. Totally and Permanently Disabled |         |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |                        |             |                                      |         |   |  |

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

1. As of December 31, 2011, were you?

Single

Married: Did you live with your spouse during any part of the last six months of 2011?  Yes  No

Divorced or Legally Separated: Date of final decree or separate maintenance agreement: \_\_\_\_\_

Widowed: Year of spouse's death: \_\_\_\_\_

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here  and list on page 3.

| Name (first, last)<br>Do not enter your name or spouse's name below. | Date of Birth<br>(mm/dd/yy) | Relationship to you<br>(e.g. daughter,<br>son, mother,<br>sister, none) | Number<br>of months<br>lived in<br>your home<br>in 2011 | US Citizen or<br>resident of the<br>US, Canada or<br>Mexico in 2011<br>(yes/no) | Marital<br>Status<br>as of<br>12/31/11<br>(S/M) | Full-<br>time<br>student<br>in 2011<br>(yes/no) | Received<br>less than<br>\$3700<br>income<br>in 2011<br>(yes/no) |
|--|-----------------------------|---|---|---|---|---|--|
| (a)  | (b)                         | (c)   | (d)   | (e)   | (f)   | (g)   | (h)  |
|  |                             |   |   |   |   |   |  |
|  |                             |   |   |   |   |   |  |
|  |                             |   |   |   |   |   |  |
|  |                             |   |   |   |   |   |  |
|  |                             |   |   |   |   |   |  |

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report unethical behavior to IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov) or call toll free 1-877-330-1205.

To check the status of your REFUND visit "Where's My Refund?" on [www.irs.gov](http://www.irs.gov) or call 1-800-829-1954 for assistance.

**Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.**

**Part III. Income – In 2011, did you (or your spouse) receive:**

**Yes No Unsure**

1. Wages or Salary? (Form W-2)
2. Tip Income?
3. Scholarships? (Forms W-2, 1098-T)
4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
5. Refund of state/local income taxes? (Form 1099-G)
6. Alimony Income?
7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
11. Unemployment Compensation? (Form 1099-G)
12. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
13. Income (or loss) from Rental Property?
14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: \_\_\_\_\_ (Forms W-2 G, 1099-MISC)

**Part IV. Expenses – In 2011 Did you (or your spouse) pay:**

**Yes No Unsure**

1. Alimony: If yes, do you have the recipient's SSN?  Yes  No
2. Contributions to a retirement account?  IRA  Roth IRA  401K  Other
3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
5. Medical expenses (including health insurance premiums)?
6. Home mortgage interest? (Form 1098)
7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
8. Charitable contributions?
9. Child/dependent care expenses, such as day-care?

**Part V. Life Events – In 2011 Did you (or your spouse):**

**Yes No Unsure**

1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 with code W in Box 12)
2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C)
3. Buy, sell or have a foreclosure of your home? (Form 1099-A)
4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? \_\_\_\_\_
5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
6. Live in an area that was affected by a natural disaster? If yes, where? \_\_\_\_\_
7. Receive the First Time Homebuyers Credit in 2008?
8. Pay any student loan interest? (Form 1098-E)
9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? \_\_\_\_\_
10. Attend school as a full time student? (Form 1098-T)
11. Adopt a child?
12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

**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



**Section B. For Certified Volunteer Preparer Completion**

**Remember:** You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

**Must be completed by Certified Volunteer only if persons are listed in Part II Question 2**

Check if persons are listed in Part II Question 2

- Yes  No 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 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No  N/A 4. Did the taxpayer provide more than half the support for any of the persons in Part II, Question 2? If yes, which ones:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes  No 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:  
\_\_\_\_\_  
\_\_\_\_\_

**Reminders**

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

**Additional Tax Preparer Notes:**

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**Section C. For Certified Quality Reviewer Completion**

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

- 1. Sections A & B of this form are complete.
- 2. Taxpayer's identity, address and phone numbers were verified.
- 3. Names, SSNs, ITINs or EINs, 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 information shown on source documents and noted in Section A, Part III 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.
- All tax law issues above have been addressed and necessary changes have been made.
- If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.
- Correct SIDN and EFIN are shown on the return.



# NYS Department of Taxation and Finance Intake Sheet

|     | Taxpayer Name _____ Date _____  | Yes | No |
|-----|---|-----|----|
|     | <b>Were you (and your spouse if filing a joint return), a New York State resident for the entire taxable year? (If NO, skip to question 5)</b>  |     |    |
| 1.  | Did you pay UNDERGRADUATE college tuition expense for yourself, your spouse or your dependents?   |     |    |
| 2.  | Did you pay child support through the support collection unit for at least one-half of the year?  |     |    |
| 3.  | Were you (or spouse) an active volunteer fire fighter or ambulance worker for the entire taxable year?  |     |    |
| 4.  | Was your total household income (income of all individuals living with you) under \$18,000?   |     |    |
| 5.  | Did you pay nursing home expenses (including a special assessment) during the taxable year?   |     |    |
| 7.  | Did you pay long-term care insurance premiums during the taxable year?  |     |    |
| 8.  | Was any of your income taxed by another state or local government?  |     |    |
| 9.  | Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase?   |     |    |
| 10. | Did you contribute to the NYS retirement system (box 14 on W-2)?  |     |    |
| 11. | Did you make contributions to a NYS 529 College Savings Plan during the taxable year?   |     |    |
| 12. | Did you earn interest on US government bonds during the taxable year?   |     |    |
| 13. | Did you receive pension payments from New York State or NYS local government or a federal government pension plan?  |     |    |
| 14. | Did you receive pension payment that was not from a NYS, NYS local government, or federal government pension plan that was made to you in periodic payments for services performed as an employee before you retired? |     |    |
| 15. | If your pension is not from NYS, NYS local government or the federal government, are these payments received as a beneficiary of the pension plan?  |     |    |
|     | <b><i>New York City Only</i></b>  |     |    |
| 16. | How many months did you (and your spouse if filing a joint return) maintain living quarters (a residence) in New York City during the taxable year?   |     |    |
| 17. | Does your W-2 show an amount that was deducted or deferred from your salary under a flexible benefit program established by New York City or certain other New York City public employers on your behalf?             |     |    |

**Additional Notes:**

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Please give these coupons to a friend and let them know about this great service!

***FREE Tax Help and IRS/NYS e-filing!***

Certified volunteers will prepare and e-file basic federal and state income tax returns for individuals and families with income up to \$50,000.

**Reserve your slot today!**

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800.688.7188 (x1905) Interlaken Library Edith B Ford Library  
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