CALL AHEAD TO SCHEDULE YOUR APPOINTMENT

Seneca County Workforce Development & Youth Bureau

Waterloo, NY

(315) 539-1905

Interlaken Library

Interlaken, NY

(607) 532-4341

Simply print this packet which is necessary for your scheduled appointment

1. **Needed Documentation**. Keep track of your appointment date and time, and find the necessary information about what to bring to your appointment (1 page)

2. **Federal Intake and Interview Worksheet**. This will assist your tax volunteer in preparing you Federal Income taxes. (4 pages)

3. **New York State Intake and Interview Worksheet**. This will assist your tax volunteer in preparing NYS income taxes

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

NECESSARY DOCUMENTATION

Appointment Date: _____

Time: _____

Location: **Interlaken Public Library, 8390 North Main Street, Interlaken**

- Please remember our volunteers are donating their time – ***avoid missed appointment and late arrivals.***
- Please arrive 10 minutes before your scheduled appointment.
- 24 hour cancellation notice is required. "No Call No Shows" ***will not*** be granted a 2nd appointment.
- Bring documentation below if applicable.

WHAT TO BRING TO YOUR INCOME TAX APPOINTMENT

1	**Tax Documents** Avoid multiple trips by bringing your important papers and information when you meet with your tax preparer.	☐ Photo ID ☐ Social Security Card and birth date for all dependents (Required) ☐ Completed interview/intake sheets provided by Workforce Development ☐ Wage & earning statements (W-2. W-2G, 1099R, 1099-Misc from all employers) ☐ Form 1099-G for unemployment compensation and state or local tax refunds. ☐ Child care provider name, address, tax ID number, and amount paid in 2016. ☐ Copy of last year's state and federal tax returns **if available** ☐ Educational expenses ☐ Other applicable tax related documents, such as: interest and dividend statements, federal loan documents, retirement statements, list of organizations to which you made charitable donations, etc.
2	**Health Insurance Documents**	☐ A list of the people on your tax return with health insurance coverage and which months they were covered ☐ Form 1095-A, which was mailed to you if you or anyone on your tax return had coverage through the national or state health insurance marketplace. ☐ Form 1095-B or 1095-C, which was mailed to you if you had coverage from another source
3	**Account Information** Bring your bank or credit union account information so you can easily deposit your refund and use some of your refund for savings.	☐ Banking or credit union account information – **Direct deposits may only be made to accounts having the taxpayer's name.** ☐ Voided check or savings deposit slip

Department of Taxation and Finance

Income Tax Worksheet

Volunteer Income Tax Assistance Program

TP-301
(10/16)

Name	Date

County	School district

	New York State *(answer questions 1-18)*	Yes	No
1.	Do you keep records of all your income, expenses, and deductions?		
2.	Were you (and your spouse if filing a joint return), a New York State resident for the entire tax year? ***(If* No*, skip to question 7.)***		
3.	Did you pay **undergraduate** college tuition expenses for yourself, your spouse, or your dependent(s)? **(IT-272)**		
4.	Did you pay child support through the NYS support collection unit for at least one-half of the year? **(IT-209)**		
5.	Were you (or spouse) an active volunteer fire fighter or ambulance worker for the entire tax year? **(IT-245)**		
6.	Was your total household income (all individuals living with you) under $18,000? **(IT-214)**		
7.	Did you pay nursing home expenses (special assessment) during the tax year? **(IT-258)**		
8.	Did you pay long-term care insurance premiums during the tax year? **(IT-249)**		
9.	Was any of your income taxed by another state or local government **(IT-112-R)** or did you pay taxes to a Province of Canada? **(IT-112-C)**?		
10.	Do you use clean fuel oil (biofuel) for residential heating? **(IT-241)**		
11.	Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? **(IT-255)**		
12.	Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? **(line 59 on Form IT-201 or line 56 on Form IT-203 – do not leave blank)**		
13.	Did you contribute to the NYS retirement system or NYC flexible benefits program during the year? (shown in box 14 on your W-2 as **414(h)** or **IRC125**)?		
14.	Did you make contributions to a **NYS** 529 College Savings Plan during the tax year?		
15.	Did you earn interest on U.S. government bonds during the tax year?		
16.	Did you receive pension payments from New York State or a NYS local government, or a federal government pension plan?		
17.	Are you receiving any pension payments, for work performed, that are not from NYS, NYS local government, or the federal government?		
18.	Are you receiving pension payments as a beneficiary of the pension plan?		

If you did not live or work in New York City or Yonkers STOP here

	New York City	Yes	No
19.	Were you a New York City resident for any part of the tax year?		
20.	How many months did you (and your spouse if filing a joint return) maintain living quarters (a residence) in New York City during the tax year?	You _____	Spouse - _____
21.	Does your W-2 (box 14) show an amount that was deducted or deferred from your salary under a benefit program established by New York City public employers on your behalf?		

	Yonkers	Yes	No
22.	Were you a Yonkers resident for any part of the tax year?		
23.	How many months did you (and spouse if married filing joint return) maintain living quarters in Yonkers during the tax year?	You _____	Spouse - _____
24.	Did you earn income (self-employment or wages) from a source located in Yonkers?		

Additional notes:

Form **13614-C**
(October 2016)

Department of the Treasury - Internal Revenue Service

Intake/Interview & 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.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please 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 wi.voltax@irs.gov

Part I – Your Personal Information *(If you are filing a joint return, enter your names in the same order as last year's return)*

1. Your first name	M.I.	Last name	Telephone number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Telephone number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth	5. Your job title	6. Last year, were you:	a. Full-time student ☐ Yes ☐ No
		b. Totally and permanently disabled ☐ Yes ☐ No	c. Legally blind ☐ Yes ☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:	a. Full-time student ☐ Yes ☐ No
		b. Totally and permanently disabled ☐ Yes ☐ No	c. Legally blind ☐ Yes ☐ No

10. Can anyone claim you or your spouse on their tax return? ☐ Yes ☐ No ☐ Unsure

11. Have you or your spouse: a. Been a victim of identity theft? ☐ Yes ☐ No b. Adopted a child? ☐ Yes ☐ No

Part II – Marital Status and Household Information

1. As of December 31, 2016, were you:
   - ☐ Unmarried
   - ☐ Married
   - ☐ Divorced
   - ☐ Legally Separated
   - ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2016? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2016? ☐ Yes ☐ No

Date of final decree _____

Date of separate maintenance agreement _____

Year of spouse's death _____

2. List the names below of:
   - **everyone** who lived with you last year *(other than your spouse)*
   - **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/16 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by a Certified Volunteer Preparer** Is this person a qualifying child/relative of any other person? *(yes/no)*	Did this person provide more than 50% of his/her own support? *(yes/no)*	Did this person have less than $4,050 of income? *(yes/no)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no/N/A)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*

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)
☐	☐	☐	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) 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, Sch K-1, royalties, foreign income, 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. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
☐	☐	☐	5. (B) Medical expenses? (including health insurance premiums)
☐	☐	☐	6. (B) Home mortgage interest? (Form 1098)
☐	☐	☐	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☐	☐	8. (B) Charitable contributions?
☐	☐	☐	9. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	11. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	12. (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 debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☐	☐	3. (A) Buy, sell or have a foreclosure of your home? (Form 1099-A)
☐	☐	☐	4. (B) Have Earned Income Credit (EIC) 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. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
☐	☐	☐	7. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
☐	☐	☐	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
☐	☐	☐	1. (B) Have health care coverage?
☐	☐	☐	2. (B) Receive one or more of these forms? (Check the box) ☐ Form 1095-B ☐ Form 1095-C
☐	☐	☐	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
☐	☐	☐	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
☐	☐	☐	3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
☐	☐	☐	4. (B) Have an exemption granted by the Marketplace?

Visit http://www.healthcare.gov/ or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as, income, marital status or family size changes, to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name *(List dependents in the same order as in Part II)*	MEC Entire Year	No MEC	Part Year MEC *(mark months with coverage)*	Exemption *(mark months exemptions applies)*	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

Part VII – Additional Information and Questions Related to the Preparation of Your Return

1. 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
2. If you are due a refund, would you like:
   a. Direct deposit ☐ Yes ☐ No
   b. To purchase U.S. Savings Bonds ☐ Yes ☐ No
   c. To split your refund between different accounts ☐ Yes ☐ No
3. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
4. Provide an email address *(optional) (this email address will not be used for contacts from the Internal Revenue Service)* _____

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

5. Other than English, what language is spoken in your home? _____ ☐ Prefer not to answer
6. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
7. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer

Additional comments

Part VIII – IRS-Certified Volunteer Quality Reviewer Section

Review the tax return with the taxpayer to ensure:

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer are certified to prepare/review this return and return is within scope of the program.
- All questions in Parts I through VI have been answered.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and entered on the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in Part III was correctly transferred to the tax return.
- Adjustments to income, such as student loan interest, IRA contributions, self employment tax, were verified and are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- All applicable provisions of ACA were considered for each person named on the tax return and were entered correctly.
- Any Shared Responsibility Payments are correct.
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- SIDN is correct on the return.
- The taxpayer(s) was advised that they are responsible for the information on their return.

Certified Volunteer Preparer's name/initials *(optional)*	Certified Volunteer Quality Reviewer's name/initials *(optional)*

Additional Tax Preparer notes

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224