Form 13614-C (Rev. 9- 2010)	Department of the Treasury – Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB # 1545-1964

Section A. Page 1 and Page 2 to be completed by Taxpayer

Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our certified volunteer preparer in completing your return. If you have any questions, please ask.

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 drivers license or other picture ID).

Part I. Your Personal Information											
1. Your First Name			Las	Last Name				Are you a U.S. Citizen?			
Andrea			A	Andersen				X Yes No			
2. Spouse's First Name		M. I.	Las	Last Name				Is spouse a U.S. Citizen?			
								Yes No			
3. Mailing Address			ŧ	City			State	Zip	Code		
123 Harbor Avenue	/				<u>Edgewo</u>	iter	<u>NJ</u>		070	<u> 20 </u>	
4. Phone E-mail Primary: 201-555-0001 Other:											
5. Your Date of Birth	6. Your ()ccup	ation		7 Are vo	u Legally Blin	d		Yes	s V No	
7-24-75	o. rour	Clerk			7. Are you Legally Blind Yes No 8. Totally and Permanently Disabled Yes No						
Spouse's Date of Birth	10. Spous	Spouse's Occupation			11. Is Spouse Legally Blind Yes No						
12. Totally and Permanently Disabled Yes						_					
13. Can your parents or someon	ne else clai	m you	or yo	ur spouse	on their tax	return?	Yes [X No	Unsur	е	
14. Other than English what lan	guage is sp	oken	in you	ır home?				_			
15. Are you or a member of you	ır househol	d cons	sidere	d disabled	? Yes	✗ No					
Part II. Family and Depen	dent Info	orma	tion								
1. As of December 31, 2010, y	our marital	status	was:								
☐ Single											
☐ Married: Did you live with your spouse during any part of the last six months of 2010? ☐ Yes ☐ No											
Divorced or Legally Separated: Date of final decree or separate maintenance agreement:											
☐ Widowed: Year of spouse's death:											
2. List the name of everyone below who lived in your home and outside your home that you supported during 2010.											
If additional space	e is needed	l pleas	e che	ck here ar	nd use page	4 for addition	nal info	ormatic	on.		
Name (first, last) Do not enter your name or	Date of			nship to you	Number of months	US Citizen or resident of the		ingle as of	Full- time	Received more than	
Spouse's name below.	(mm/de	u/yy)		on, mother, sister)	lived in	US, Canada		/31/10	student	\$3650 in	
					your home	or Mexico (yes/no)	(ye	es/no)	(yes/no)	income (yes/no)	
(a)	(b)			(c)	(d)	(yes/110)		(f)	(g)	(yes/110)	
(4)	(2)			(0)	(4)	(0)		(-)	(9)	(,	
		-									

- Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report any concerns to IRS on site operating issues please call **Toll Free 1-877-330-1205** or email us at WI.Voltax@irs.gov.

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			Section A. To be completed by Taxpayer (continued)			
Par	Part III. Income – In 2010, did you (or your spouse) receive: (Check Yes, No or Unsure to all questions below)					
Yes	No L	Jnsure				
×		<u> </u>	. Wages or Salary? (Form(s) W-2)			
	×	_ 2.	. Tip Income?			
	×		. Scholarships? (Forms W-2, 1098-T)			
	×	_ 4.	. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID)			
	×	<u> </u>	. Refund of state/local income taxes previously used as a deduction on 1040 Sch A? (Form(s) 1099-G)			
	×	☐ 6.	. Alimony Income?			
	×		. Self-Employment Income/Loss (such as earnings from contract labor, small business)? (Form(s) 1099-MISC)			
	×	8.	. Income (gain or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Form(s) 1099-B)			
	×	9.	. Disability Income (such as payments from SSA, VA, insurance, etc)? (Forms 1099-R, W-2)			
	×	10.	. Distributions from Pensions, Annuities, and/or IRA? (Form(s) 1099-R)			
	×	<u> </u>	. Unemployment Compensation? (Form(s) 1099-G)			
	×	<u> </u>	. Social Security or Railroad Retirement Benefits? (Form(s) SSA-1099)			
	×	13.	. Income (profit or loss) from Rental Property?			
	×	14.	. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify:			
			(Forms W-2 G, 1099-MISC)			
Par	t IV.	Expen	ises - In 2010 Did you (or your spouse) pay: (Check Yes, No or Unsure to all questions below)			
Yes	No L	<u>Jnsure</u>				
	×	1.	Alimony: If yes, do you have the recipient's SSN? Yes No			
	×	<u> </u>	Contributions to a retirement account? IRA Roth IRA 401K Other			
	×	☐ 3.	Educational expenses paid for yourself, spouse or dependents? (such as tuition, books, fees, etc.)			
	×	4 .	Unreimbursed employee business expenses (such as mileage)?			
	×	<u> </u>	Medical expenses?			
	×	6.	Home mortgage interest?			
	×	7 .	Real estate taxes for your home or personal property taxes?			
	×	_	Charitable contributions?			
	×	<u> </u>	Child/dependent care expenses that allowed you and your spouse, to work or to look for work?			
Par	t V. L	ife Ev	vents – In 2010 Did you (or your spouse): (Check Yes, No or Unsure to all questions below)			
Yes	No L	<u>Jnsure</u>				
П	×	☐ 1.	Have a Health Savings Account? (Forms 5498-SA, 1099-SA)			
$\overline{\Box}$	×	=	Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form(s) 1099-C)			
\Box	×		Buy a home? If yes, closing date			
	×	<u> </u>	Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?			
	×	<u> </u>	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 previous years?			
	X	8.	Pay any student loan interest?			
	×	9.	Make estimated tax payments or apply last year's refund to your 2010 tax?			
			If so how much?			
	×	1 0.	. If you are due a refund, would you like a direct deposit or split your refund?			
	×	11.	. If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?			
	×	12.	. If you have a balance due, would you like information about all of your payment options? (such as			
			payment directly from your bank account, check, money order, credit/debit card or payment plan)			

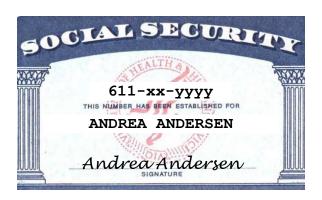
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Interview Notes:

- 1. By consulting your preparer resources you determine that the correct filing status for Andrea is Single.
- 2. By looking at last year's return, you determine that Andrea did not itemize deductions last year.
- 3. Andrea paid \$1,000.00/month rent for the tax year.
- 4. Andrea does not want to contribute to the Presidential of Gubernatorial election campaign fund.
- 5. If Andrea gets a refund she wants it sent to her home.
- 6. If Andrea has to pay she will mail a check.
- 7. By consulting your preparer resources you determine that Edgewater is located in Bergen County NJ Code is 0213.
- 8. Andrea had no out-of-state purchases on which she did not pay Use tax.

Documents:



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	a Employee's social security number 611-xx-yyyy	OMB No. 1545-	Safe, acc 0008 FAST! Us		≁file	Visit the IRS website a www.irs.gov/efile			
b Employer identification number (EIN) 61-9xxyyyy				ther compensation 298.00		2 Federal income tax withheld 2,600.05			
c Employer's name, address, and ZIP code Billings Market			<u> </u>	298.00		4 Social security tax withheld 1,630.48			
123 River Road Edgewater, NJ 07020			5 Medicare wa 26, 7 Social securi	298.00		6 Medicare tax withheld 381.32			
d Control number			9 Advance EIC	, ,	10 Dependent care benefits				
e Employee's first name and initial Andrea Ander:		Suff.	11 Nonqualified	plans	12a See in	nstructions for box 12			
123 Harbor Avenue Edgewater, NJ 07020				atirement Third-party sick pay	C O O O O	Č I			
	1	NJSDI	111.77	C 0 d e	C O d e				
f Employee's address and ZIP cod		NJSUI NJFLI	131.49 31.56	o d	C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
15 State Employer's state ID num NJ 619xxyyyy	16 State wages, tips, etc. 26,298.00	17 State income 400		wages, tips, etc.	19 Local inco	ome tax 20 Locality nan			
Form W-2 Wage and Tax Statement Department of the Treasury—Internal Revenue Service									

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