

Main Info Job Aid

US Main Information Sheet 2010

This return can be filed on Form 1040EZ

Check form you are using: 1040 1040A 1040EZ 1040PR 1040NR 1040NREZ

Check one: Spanish forms on the screen and printed. Spanish forms printed only.

Sal. Your first name Initial Last name Suffix Your SSN

Ignore this area

US Main Information Sheet 2010

This return can be filed on Form 1040EZ

Check form you are using: 1040 1040A 1040EZ 1040PR 1040NR 1040NREZ

Check one: Spanish forms on the screen and printed. Spanish forms printed only.

Sal. Your first name Initial Last name Suffix Your SSN

This is optional

Note: You will need to close the return and re-open it if for a change in on screen language to take effect.

Note: Not all federal forms are available on screen in Spanish

Note: New Jersey forms are not available in Spanish

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Check one: Spanish forms on the screen and printed. Spanish forms printed only.

Sal.	Your first name	Initial	Last name	Suffix	Your SSN
_____	_____	_____	_____	_____	002-62-7611

If filing a **JOINT** return, enter your spouse's

Sal.	First name	Initial	Last name, if different from yours	Spouse's SSN
_____	_____	_____	_____	_____

Mailing address

Name line 2. Use % for care of _____

Present home address _____

Zip code, city, and state _____, _____

Email address _____

From Intake Sheet Part I, lines 1 & 2 (except SSNs)

Note: TP SSN entered when return created; Spouse SSN must be entered here
 Note: Do NOT enter spouse last name if same as TP
 Note: Always double check against Social Security card (and/or SSA-1099 if applicable) – e-filed returns will be rejected by IRS if SSN and name are not exact match!

Mailing address

Name line 2. Use % for care of _____

Present home address _____

Zip code, city, and state _____, _____

Email address _____

Only use this box in special circumstances

Note: See context sensitive help for details

Mailing address

Name line 2. Use % for care of _____

Present home address _____

Zip code, city, and state _____, _____

Email address _____

Telephone numbers	Taxpayer	Spouse
Daytime	_____	_____
Evening	_____	_____
Cell phone or fax	_____	_____
Foreign phone	_____	_____

From Intake Sheet Part I, line 3

Note: This address will be used by the IRS for all future correspondence with the TP
 Note: This address does not need to match the address on other TP documents
 Note: Enter zip code first – city and state will be filled in automatically
 You may correct city manually if automatic value is incorrect
 Note: If foreign address, then leave blank and use Foreign Address area below

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Present home address		
Zip code, city, and state		
Email address		
Telephone numbers	Taxpayer	Spouse

From Intake Sheet Part I, line 4

Note: Don't forget Email address (can be helpful in case need to contact TP to resolve reject)
 Note: Email addresses are not case sensitive (it is ok to enter in all upper case)

Email address		
Telephone numbers	Taxpayer	Spouse
Daytime		
Evening		
Cell phone or fax		
Foreign phone		
Birth date		

From Intake Sheet Part I, line 4

Note: Must have at least one telephone number (in case need to contact TP to resolve rejected)
 Note: Don't be afraid to ask for additional telephone numbers

Evening		
Cell phone or fax		
Foreign phone		
Birth date		
Age for Federal tax purposes	0	0
Taxpayer's occupation		

From Intake Sheet Part I, lines 5 & 9

Note: Enter 2-digit month, 2-digit day, and 4 digit year with no dashes, slashes or other punctuation
 Note: Age for Federal tax purposes will be calculated automatically

Birth date		
Age for Federal tax purposes	0	0
Taxpayer's occupation		
Spouse's occupation		
Foreign Address		

From Intake Sheet Part I, lines 6 & 10

Note: Required, but anything accepted (e.g. RETIRED, STUDENT, HOMEMAKER, HOUSEWIFE, UNEMPLOYED, etc. all ok)

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Taxpayer's occupation _____
Spouse's occupation _____

Foreign Address
Foreign street address _____
Foreign city, state, province, Zip code _____
Foreign country. Do not abbreviate _____

Taxpayer Information

See notes for Address above

Taxpayer Information

Special processing _____

Are you excluding Puerto Rico income from this tax return? Yes No
If "Yes", enter the amount of income excluded _____

Check if blind	Taxpayer	Spouse
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Ignore these questions – Out of Scope

If "Yes", enter the amount of income excluded _____

Check if blind	Taxpayer	Spouse
Check if totally and permanently disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Date of death, ONLY if in 2010 or 2011 _____

This tax return is being filed by the surviving spouse or someone else.

From Intake Sheet Part I, lines 7, 8, 11, and 12

Check if blind	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Check if totally and permanently disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Date of death, ONLY if in 2010 or 2011 _____

This tax return is being filed by the surviving spouse or someone else.

Presidential _____ Check here if you, or your spouse if a joint return, want \$3 to go to this fund You Spouse

Only use this area in special circumstances
Note: See context sensitive help for details

This tax return is being filed by the surviving spouse or someone else.

Presidential Election Campaign	Check here if you, or your spouse if a joint return, want \$3 to go to this fund <input type="checkbox"/> You <input type="checkbox"/> Spouse
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Filing Status and Exemptions

This info is not on Intake Sheet – Ask TP directly
Note: TP and Spouse can answer differently
Note: You might as well ask about NJ Governorial Election Campaign at same time
Note: Answer does NOT change refund or amount owed.

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Election Campaign want \$3 to go to this fund You Spouse

Filing Status and Exemptions

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately
 Spouse's first name: _____ Last name: _____ SSN: _____
 Did your spouse ever live with you in 2010? Yes No
 If "Yes", did you and your spouse live together at anytime after June 30, 2010? Yes No
 Married filing separately, only. If the state in the address above is a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), or a return is being filed to one of these states, answer the following questions.
 Military. Is this your home of record? Yes No
 If "Yes", fill in the Community Property Allocation Worksheet.
 Others. Are you a resident of this community property state? Yes No
 If "Yes", fill in the Community Property Allocation Worksheet and use Form 1040.
 If "No", you CANNOT e-file this return.

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's name _____ and social security number _____. A self-supporting child who lives with you IS NOT a qualifying person.

5 Qualifying widow(er) with dependent child Year spouse died (2008 or 2009 only): _____

6 Exemptions a Yourself b Spouse Number of boxes checked _____

Use Intake Sheet Part II and your Reference Documents to determine correct answer!

- Note: Filing status can be tricky – do not hesitate to use resource materials
- Note: Correct filing status is given in Notes for Familiarization problems
- Note: Some filing status choices will require addition information
- Note: If filing status is married filing separately, go handle box 39b on federal 1040 Pg2 now
- Note: If filing status is head of household and TP has dependent, ignore red boxes here for now – filling in dependent information will resolve redness

5 Qualifying widow(er) with dependent child Year spouse died (2008 or 2009 only): _____

6 Exemptions a Yourself b Spouse Number of boxes checked on 6a and 6b. **1**

Check if

(a) you can be claimed on another person's return

(b) filing status 2 and spouse can be claimed on another person's return

Filled in Automatically

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6 Exemptions a Yourself b Spouse Number of boxes checked on 6a and 6b. 1

Check if

(a) you can be claimed on another person's return

(b) filing status 2 and spouse can be claimed on another person's return

(c) you are using filing status 4 and claiming nonresident alien spouse

Spouse's first name: _____ Spouse's last name: _____

Spouse's SSN or ITIN: _____

c Dependents/Nondependents

From Intake Sheet Part I, line 13

6 Exemptions a Yourself b Spouse Number of boxes checked on 6a and 6b. 1

Check if

(a) you can be claimed on another person's return

(b) filing status 2 and spouse can be claimed on another person's return

(c) you are using filing status 4 and claiming nonresident alien spouse

Spouse's first name: _____ Spouse's last name: _____

Spouse's SSN or ITIN: _____

c Dependents/Nondependents

If applicable, you will need to ask these questions directly

Spouse's SSN or ITIN: _____

c Dependents/Nondependents

First name	Last name	Date of birth	Age	Social security number	Relationship to YOU	Mo in Hm	C o d E C	D I T	C C C
_____	_____	_____	0	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	0	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	0	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	0	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals from _____ Above Statement

From Intake Sheet Part II, line 2

- Note: **Last name** not required if same as primary TP (Check whole name on SS card very carefully!)
- Note: Same entry rules as above for **Date of birth** (**Age** is calculated automatically)
- Note: **Social security number** – do not enter dashes
- Note: **Relationship to YOU, Mo in Hm, Code** – Select from list
- Note: Check **DC** box if Dependent Care credit for this child (See Part IV, line 9 of Intake Sheet)
- Note: Check **EIC** box if child may qualify TP for Earned Income Credit
- Note: **CTC** checked automatically if child qualifies for Child Tax Credit
- Best Practice: Enter in order from youngest to oldest
- Note: Use special TWO worksheet if more than four entries (be sure EIC eligible dependents are listed first)

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Totals from	Above	Statement		
Number of your children who lived with you	0	0	Box 6c1	0
Number of your children who didn't live with you due to divorce or separation	0	0	Box 6c2	0
Number of other dependents	0	0	Box 6c3	0

Noncustodial Parents. If you are claiming, as a dependent, a child who does not live with you, you MUST attach to the tax return, or Form 8453 if e-filing, a written document that substantiates your right to claim this dependent. Check the item you are attaching.

Calculated automatically

Number of other dependents 0 0 Box 6c3 0

Noncustodial Parents. If you are claiming, as a dependent, a child who does not live with you, you MUST attach to the tax return, or Form 8453 if e-filing, a written document that substantiates your right to claim this dependent. Check the item you are attaching.

A copy of a pre-1985 divorce or separation agreement or

A copy of a divorce or separation agreement that went into effect after 1984 and before 2009 or

Form 8332 - Release of Claim of Exemption - required if divorce or separation agreement went into effect after 2008

Total number of exemptions claimed Box 6d 1

This is tricky – ask for help

agreement went into effect after 2008

Total number of exemptions claimed Box 6d 1

State Information If you are not preparing a state return, check here or fill in state information below

Calculated automatically

Total number of exemptions claimed Box 6d 1

State Information If you are not preparing a state return, check here or fill in state information below

Full year resident: NJ and ___ Part-year: ___ and ___ Nonresident: ___ ___ ___

Type of Return Bank products E-file ONLY Paper

Default: NJ Full-year resident with only NJ income

Note: NJ should be filled in automatically (from your Template)

Note: To only prepare a federal return, check the box on the first line and remove NJ from the field on the second line

Note: Multi-state, Part-year resident, and non-resident are Out of Scope unless you have been trained in these situations

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Full year resident: NJ and Part-year: and Nonresident:

Type of Return Bank products E-file ONLY Paper

Select Your Bank Republic Santa Barbara Refund Advantage

Ask for help before changing this

Note: **E-file ONLY** should be filled in automatically (from your Template)
 Note: Check with Site Coordinator / ERO before selecting **Paper** (**Bank products** is OOS)

Type of Return Bank products E-file ONLY Paper

Select Your Bank Republic Santa Barbara Refund Advantage
 River City Other

Audit Shield and Fee Collect are only available to tax preparers registered to offer them.
 MoneyWise is available to all preparers for electronically filed returns, bank product returns where an ERC is applied for, and Fee Collect returns.

Audit Shield
 Does the taxpayer want Audit Shield? Yes No

Fee Collect
 Does the taxpayer want to have your tax preparation fees deducted from his or her refund? Yes No

Western Union Reloadable MoneyWise Prepaid MasterCard
 Would the taxpayer like to receive their refund on the MoneyWise card? Yes No
 If yes, would they prefer card materials in English Spanish

Bank Account Information
 Direct deposit available for e-filing, paper returns, or RAL/ERC direct deposit refund

Ignore – Out of Scope

Would the taxpayer like to receive their refund on the moneywise card? Yes No
 If yes, would they prefer card materials in English Spanish

Bank Account Information
 Direct deposit available for e-filing, paper returns, or RAL/ERC direct deposit refund.
 Electronic Funds Transfer (ACH Debit) available for e-filing only.

Routing transit number (RTN) of financial institution _____
 Account number (DAN) including hyphens _____

Self-Select and Practitioner PIN(s)

Only needed if TP wants Direct Deposit or ACH Debit

Note: See Intake Sheet Part V, lines 10-12
 Note: Usually best to wait until return finished and Refund / Amount owed is known

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Account number (DAN) including hyphens _____

Self-Select and Practitioner PIN(s)

ERO PIN for both the Self-Select and Practitioner PIN programs 98765

Check if using the Practitioner PIN method for e-filing this income tax return or Form 4868 with direct debit

What form(s) are you e-filing using PINs?

The income tax return

Form 4868 without direct debit. No PINs required

Form 4868 with direct debit

* Form 2350 without direct debit

* Form 2350 with direct debit

* Requires date(s) of birth above and 2009 original AGI or 2009 PIN. F8 to change spouse AGI, if incorrect.

Taxpayer's original 2009 AGI: _____ 0 Spouse's original 2009 AGI: _____ 0

OR taxpayer's 2009 PIN: _____ 0 OR spouse's 2009 PIN: _____ 0

The following attachments require the submission of Form 8453. Please note that PINs are still required and that Form 8870 must be signed for all e-filed returns.

This should be filled in (from Template) – Do NOT change!

Taxpayer's original 2009 AGI: _____ 0 Spouse's original 2009 AGI: _____ 0

OR taxpayer's 2009 PIN: _____ 0 OR spouse's 2009 PIN: _____ 0

The following attachments require the submission of Form 8453. Please note that PINs are still required and that Form 8879 must be signed for all e-filed returns.

<input type="checkbox"/> Form(s) 1098C	<input type="checkbox"/> Form 3115
<input type="checkbox"/> Form 3468 attachment required	<input type="checkbox"/> Form 4136 attachment required
<input type="checkbox"/> Form 5713	<input type="checkbox"/> Forms(s) 8283, page 2 and / or appraisal
<input type="checkbox"/> Form(s) 8332	<input type="checkbox"/> Form 8858
<input type="checkbox"/> Form 8864 attachment required	<input type="checkbox"/> Form 8885 attachments
<input type="checkbox"/> Schedule D transaction listing	<input type="checkbox"/> Copy of divorce or separation agreement
<input type="checkbox"/> Revenue Procedure 2009-20 (Ponzi loss)	

The information below, as well as the ERO PIN above, must be filled in for all e-filed returns.

This stuff is Out of Scope

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Revenue Procedure 2009-20 (Ponzi loss)

The information below, as well as the ERO PIN above, must be filled in for all e-filed returns.

The date must be entered below. This is today's date: 10/09/2011

Do NOT use @Today.
Date: _____

Taxpayer's PIN 0 Enter 5 numbers, other than all zeroes.
I authorize do not authorize

ERO firm name _____ to enter this PIN as my signature on my tax year 2010 electronically filed income tax return.

Spouse's PIN 0 Enter 5 numbers, other than all zeroes.
I authorize do not authorize

ERO firm name _____ to enter this PIN as my signature on my tax year 2010 electronically filed income tax return.

Identity Protection PIN

Fill in any 5 digits for TP PIN and fill in today's date

Note: We use Practitioner PIN method (should be setup as part of Template)
Note: Will also need 5 digit PIN for Spouse (but date is automatic)
Note: Neither you nor TP will ever need to remember PINs – make up anything

signature on my tax year 2010 electronically filed income tax return.

Identity Protection PIN
If the taxpayer is an identity theft victim who has been validated by the IRS and has received a CP01A letter that contains an Identify Protection PIN, enter that PIN here - do not enter leading zeroes _____ 0

Third Party Designee

Very rare – ask for help

enter leading zeroes _____ 0

Third Party Designee
Do you want to allow another person to discuss this return with the IRS? Yes No

Designee's name	Designee's telephone	Designee's PIN (cannot be 00000)
_____	_____	_____ 0

Preparer Information Check to bill as a self-prepared return:

Out of Scope

Note: **No** should be checked (from Template)

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name _____ telephone _____ PIN (cannot be 0000) _____ 0

Preparer Information Check to bill as a self-prepared return:

Preparer's ID: _____ Date: _____
 Preparer's name: _____ Print as signature:
 Preparer's SSN: _____ PTIN: S. 24000000 EIN: _____
 Firm name: _____ Check if also ERO:
 Address: _____ Check if self-employed:
 Zip code: _____ Phone: _____
 Email address: _____ Fax: _____
 Non-paid indicator: _____ IRS only:

Preparer's Use Fields

Do NOT enter anything in this area
 Note: All appropriate information should be setup (from Template)

non-paid indicator: _____ IRS only:

Preparer's Use Fields

1 _____ 2 _____ 3 _____
 4 _____ 5 _____ 6 _____ 7 _____
 8 _____ 9 _____ 10 _____
 11 Other than English what language is spoken in your home _____
 12 You or a member of your household considered disabled _____
 13 _____ 14 _____ 15 _____

Time in this return: _____ minutes Tax bracket: 10 Price: 0.00

Fill in as appropriate (rules vary from site to site)
 Note: Standard Training Template uses:
 11 place to enter answer to Intake Sheet Part I, line 14;
 12 place to enter answer to Intake Sheet Part I, line 15;
 13 Preparer initials;
 14 Quality Reviewer initials
 Note: This section is expected to change in TY2011

12 You or a member of your household considered disabled _____
 13 _____ 14 _____ 15 _____

Time in this return: _____ minutes Tax bracket: 10 Price: 0.00

Information below is for the preparer. It will print and proforma. Notes to the client should be listed on the Summary Sheet.

Ignore this area

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Time in this return: <input type="text" value=""/> minutes	Tax bracket: <input type="text" value="10"/>	Price: <input type="text" value="0.00"/>
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Information below is for the preparer. It will print and proforma. Notes to the client should be listed on the Summary Sheet.

Use based on Site instructions

Note: This section is expected to change in TY2011