Form **13614-C** (October 2019)

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 1-4 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	Daytime telephone number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Daytime 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 as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ No

Part II – Marital Status and Household Information

1. As of December 31, 2019, what was your marital status?

☐ Never Married
☐ Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- a. If Yes, Did you get married in 2019? ☐ Yes ☐ No
- b. Did you live with your spouse during any part of the last six months of 2019? ☐ Yes ☐ No

☐ Divorced — Date of final decree ______
☐ Legally Separated — Date of separate maintenance decree ______
☐ Widowed — 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 12/31/19 *(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 $4,200 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, virtual currency, or other property or services)
☐	☐	☐	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (Forms 1099-S, 1099-B)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) Retirement income or 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, virtual currency, Sch K-1, royalties, foreign income, other property or services, 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. (A) Any of the following? ☐ Medical & Dental (including insurance premiums) ☐ Mortgage Interest (Form 1098) ☐ Taxes (State, Real Estate, Personal Property, Sales) ☐ Charitable Contributions
☐	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	8. (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 credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☐	☐	3. (A) Adopt a child?
☐	☐	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit 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. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? ______
☐	☐	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☐	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address *(optional) (this email address will not be used for contacts from the Internal Revenue Service)* ____________
2. 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
3. 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
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
5. Live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? ____________
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
8. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
11. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
12. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Additional comments

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

Form **15080 (EN-SP)** (July 2019)	Department of the Treasury - Internal Revenue Service **Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites**

Federal Disclosure:
Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:
Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 13, 2021.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:
I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

 Universal Data Elements Intake Form

Staff	
Appt.	
Verified	

Part 1. Client Information

Client Name	First MI Last		
Gender Box A	☐M (1) ☐Transfemale (3) ☐F (2) ☐Transmale (4) ☐Gender Non-conforming (5)	Marital Status Box B	☐Married (1) ☐Separated (4) ☐Single (2) ☐Widowed (5) ☐Divorced (3)
Social Security Number		Date of Birth	MM / DD / YYYY
Home Address		City/State/Zip	
Mailing Address		City/State/Zip	
Phone #		Email	

Homeless	Disability	Veteran	Pregnant	Due Date if Yes	
☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		/ /

Medical Insurance Box C	☐None(1) ☐Medical Assistance(2) ☐Private(3) ☐PAC(4) ☐Medicare(5) ☐VA(6) ☐Indian(7) ☐Other(8) ______	Transportation Problem	☐Frequently ☐Sometimes ☐Never ☐Unknown
Ethnicity Box D	Are you Hispanic/Latino? ☐ Yes (Y) ☐ No (N)	Race(s) Box E	☐ White (1) ☐ Black or African-American (2) ☐ Asian (3) ☐ American Indian/Alaska Native (4) ☐ Native Hawaiian/Pacific Islander (5)

Part 2. Household Information

Please complete information for all Household Members. Use codes from Boxes A, B, C, D, and E above

Name	First MI Last			Gender (Box A) ☐1 ☐2 ☐3 ☐4 ☐5	Relationship to you
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First MI Last			Gender (Box A) ☐1 ☐2 ☐3 ☐4 ☐5	Relationship to you
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First MI Last			Gender (Box A) ☐1 ☐2 ☐3 ☐4 ☐5	Relationship to you
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Part 2 Continued						
Name	First MI Last			Gender (Box A)		Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5
Name	First MI Last			Gender (Box A)		Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5
Name	First MI Last			Gender (Box A)		Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		☐1 ☐2 ☐3 ☐4 ☐5
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Client Acknowledgement of Data Entry into Community ServicePoint System

The Community ServicePoint System (CSP) is used by provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Community ServicePoint (CSP)
- Allowing basic demographic information about you / your family to be viewed by our partner providers. (See List) *This information includes your name and last 4 digits of your social, contact information such as phone number, address, and email address along with, age, race, nationality, disability status, veteran, and medical insurance status. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. Other information will not be shared without your written approval. <u>Your approval or disapproval does not affect your eligibility status.</u>*

Please select the agencies your information may be shared with:

☐Access Carroll
☐Carroll County Bureau of Aging
☐Carroll County Department of Citizen Services
☐Carroll County Department of Social Services
☐Carroll County Health Department
☐Carroll County Youth Services Bureau
☐Human Services Program
☐Recovery Support Services
☐Westminster Rescue Mission
☐I request my information <u>Not Be Shared</u>

____
Client's Signature

____
Other Party
(Client is minor or requires guardian)

____
Date Signed

____
Relationship to Client

____
Effective Date

____
End Date

FOR HSP OFFICE STAFF ONLY:

Client ID: _______

HSP Staff: _______

Date: _______

Monthly Income Data and Sources for Household

Human Services Programs of Carroll County, Inc.
10 Distillery Drive, Westminster, MD 21157
P. O. Box 489, Westminster, MD 21158
www.hspinc.org
410-857-2999
410-876-5407
FAX 410-857-8793

Household Name: ______________________ **Date:** ______________________

ALL ADULTS IN HOUSEHOLD OVER THE AGE OF 18 MUST COMPLETE MONTHLY INCOME DATA BELOW

Monthly Source of Income (round to nearest dollars)	HoH Name: ________	Adult 2 Name: ________	Adult 3 Name: ________
Earned Income (Wages, Salary or Self-Employment income)	$________	$________	$________
Pension, Retirement Income (Annuities, IRAs)	$________	$________	$________
Retirement Income from Social Security or Railroad Retirement Benefits	$________	$________	$________
Unemployment Compensation	$________	$________	$________
Alimony or Other Spousal Support	$________	$________	$________
Social Security Disability (SSDI)	$________	$________	$________
VA Service-Connected Disability Compensation	$________	$________	$________
VA Non-Service-Connected Disability Pension	$________	$________	$________
Worker's Compensation	$________	$________	$________
Needy Families (TANF/TCA)	$________	$________	$________
General Assistance (GA)	$________	$________	$________
Supplemental Security Income (SSI)	$________	$________	$________
Private Disability Insurance	$________	$________	$________
Child Support	$________	$________	$________
Other Sources If yes, specify source: ________________	$________	$________	$________
Total Monthly Income From All Sources	$________	$________	$________

Community Action Partnership

Revised 12.12.2018

United Way of Central Maryland

Consent to Use Personal Tax Return Information

Federal law required this consent form to be provided to you. Unless authorized by law, we cannot disclose without your consent, your tax return information to third parties for purpose other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. The duration specified below can be changed if desired. If you do not specify the duration of your consent, your consent is valid for one year.

Defined Terms

Tax Preparer Human Services Program of Carroll County, Inc. Volunteer Income Tax Assistance Site

Information: The taxpayer's 2019 (of prior returns, 2009 – 2018, completed in 2020) tax return(s) and all information contained therein.

Disclosure: Information from your tax return may be shared with Human Services Program of Carroll County, Inc. and/or the CASH Campaign of Maryland.

Purpose: Identifying information is shared with Human Services Program of Carroll County, Inc. and/or the CASH Campaign of Maryland for advice, technical assistance, and to assure accuracy of your return. Electronic version of your return will be scored by Human Services Program of Carroll County, Inc. for further review of your return. Human Services Programs of Carroll County, Inc. and/ or CASH Campaign of Maryland may use identifying information from your tax return to contact you. You may be contacted to participate in programs provided by them.

Consent Granted

I/we the taxpayer, have read the above information and herby CONSENT to the Tax Preparer's Disclosure of the Personal Information for the Purpose stated above. Duration of Consent: 3 years.

Taxpayer: Date

Spouse: Date:

Address:

Consent to Disclose Personal Tax Return Information

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Taxpayer: Date

Spouse: Date:

Address: