_	Б.				FORMATION SHEET	
			No If yes, what year(s)_		Amended return? YesNo If yes, what y Citizenship of Taxpaver? Spouse?	
	Do you O O O O O O	Wages report Have a Stude Interest /divid Alimony Rece Business inco Stock, band o IRA or Pensio Children rece Rental Real E	ted on W-2s? ent Loan Repayment W-2 lends (1099Int/Div)? eived? ome or loss (1099Misc)? or mutual fund sales? on Distributions (1099R)? eiving Survivor Benefits?	YesNo	<ul> <li>Are you or your spouse a teacher?</li> <li>Are you a Reservist?</li> <li>Do you have Moving Expenses?</li> <li>Did you pay alimony? Recipient's SSN</li> <li>Did you contribute to a TRADITIONAL IRA</li> <li>Did you or your spouse pay Student</li> <li>Loan Interest?</li> <li>Did you or anyone in your family pay tuitio and fees to attend college?</li> <li>Did you contribute to a ROTH IRA or TSP</li> </ul>	YesNo_ n YesNo_
	0 0 0	Foreign earne Income not re	ty Income? Id Div distribution?	YesNo YesNo YesNo YesNo ? YesNo	<ul> <li>Did you incur large medical expenses?</li> <li>Do you own your own home?</li> <li>Did you make any charitable contributions</li> <li>Did you have employee business expense</li> </ul>	
		formation:				
		Applicable):	M.I	Last Name	SFXSSN / ITIN	
	ing Add		M.l	Casi (Valle	SSN / ITIN	
	· -	Stre	et	Apl	City State	ZIP
m	 all:	Stre		Api  phone Numbers:	City State  Daytime	ZIP Evening
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ax	oayer D		Tele	phone Numbers:	Caytime	Evening
ax	Do Do Car  We Cor  Do Did  If ye Wa	OB (mm/dd/yy ccupation: you want \$3.00 mpaign Fund ere you or your mbat Zone? you have incore your spouse des, date of dea is the death a 0 in someone else a dependent?	Tele  To to go to the Presidential spouse deployed to the me from Puerto Rico?  The within the last 2 years?  The within the last 2 years?  The within the last 2 years?  The within the last 2 years?	phone Numbers:  I Election YesNo YesNo YesNo YesNo YesNo YesNo	Spouse DOB (mm/dd/yyyy):/ Spouse Occupation:/	s Payment last ow much?ax year that YesNo YesNo e Credit YesNo
X	Do Do Car  We Cor  Do Did  If ye Wa  Car  as a	OB (mm/dd/yy ccupation: you want \$3.00 mpaign Fund are you or your mbat Zone? you have incor your spouse d es, date of dea is the death a 0 in someone else	Tele  To to go to the Presidential spouse deployed to the me from Puerto Rico?  The within the last 2 years?  The within the last 2 years?  The within the last 2 years?  The within the last 2 years?	phone Numbers:  I Election YesNo YesNo YesNo YesNo YesNo Se	Spouse DOB (mm/dd/yyyy):/  Spouse Occupation:/  Did you receive the Economic Stimulu year? YesNo If Yes, he allowed you to work or attend school? Provider Tax ID Number:  Did you pay estimated taxes?  Have you ever had the Earned Income Reduced or disallowed?  Did you purchase your first home on come.	s Payment last ow much? ax year that YesNo e Credit YesNo or after

	Continued on reverse side									
	led: Date Accepted: Date 8453 Mailed:									
State Return: Yes No State	e(s)?									
Direct Deposit Information for up to three different	t accounts with same ownership as return:									
BankRouting Number _	Account Number									
Type: Checking Savings	Ownership: Self Joint with Spouse Other									
BankRouting Number _	Account Number									
Type: Checking Savings	Ownership: Self Joint with Spouse Other									
BankRouting Number _	Account Number									
Type: Checking Savings	Ownership: Self Joint with Spouse Other									
Rank/Grade: Branch of Service	: Unit (Include BDE):									
<ul> <li>Other than English, what language is spoken in you</li> </ul>	ur home?									
<ul> <li>Are you or a member of your household considered</li> </ul>	d disabled?									
Certification and Authorization:										
I certify that the information I have provided is correct and accurate. I authorize retention of this information sheet, a paper copy and an electronic copy of my return. I have reviewed and agree to the disclosure and use statement provided to me. The personal information will be disclosed to the software developer through the tax preparation software to transmit the return The information retained will not be sold, given away or used for commercial purposes. This information will be properly disposed of when no longer needed and retained no longer than three years from the due date of the return.										
Signature	Date									
Interview Notes:										
Preparer Quality Review Checklist: Intake sheet complete and reviewed with taxpayer	information									
Names and SSNs or ITINs match with provided documents	Site Identification Number (SIDN) correct and on return									
Verify dates of birth for everyone on the return	Finishing the Return									
Taxpayer address matches intake sheet	Verify all overridden entries									
Filing status determined using available information, Pub 4102, and matches intake sheet	Run Diagnostics to ensure no errors and E-file return(s)									
Dependency exemptions determined by information Provided or interview	Print two copies of Federal and State returns and three copies of Form 8879 and State E-file Form									
All income from intake sheet and documentation included on return	Client signs file copy of return and all copies of Form 8879 and State E-file Form. Attach POA if applicable to all Form 8879s. If POA is used generate a Form 8453 and attach an copy of the POA									
All adjustments, deductions, and credits from intake sheet and documentation included on return										
All withholding and estimated tax payments included	Retain two signed Form 8879s and State E-file Form, a signed file copy of return and copies of all forms used in preparing return including W-2s, 1099s, 1098s, etc.									
Direct deposit or debit information matches provided	W 2 1									

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Provide client a file copy of the return, a signed From 8879 and all original documents used for the return		
If a Form 8453 is generated attach copies of required forms to the Form 8453 for mailing	<del>-</del> :	
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		and a second