

Tax Center use only: Date Rejected: _____ Date re-filed: _____ Date Accepted: _____ Date 8453 Mailed: _____

State Return: Yes _____ No _____ State(s)? _____

Direct Deposit Information for up to three different accounts with same ownership as return:

Bank _____ Routing Number _____ Account Number _____

Type: Checking _____ Savings _____ Ownership: Self _____ Joint with Spouse _____ Other _____

Bank _____ Routing Number _____ Account Number _____

Type: Checking _____ Savings _____ Ownership: Self _____ Joint with Spouse _____ Other _____

Bank _____ Routing Number _____ Account Number _____

Type: Checking _____ Savings _____ Ownership: Self _____ Joint with Spouse _____ Other _____

Rank/Grade: _____ Branch of Service: _____ Unit (Include BDE): _____

- Other than English, what language is spoken in your home? _____
- Are you or a member of your household considered 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 _____ | <i>Finishing the Return</i> |
| 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 _____ | |

Provide client a file copy of the return, a signed
Form 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 _____