
During the tax year did you, your spouse, or anyone in your household:

| | |
|---|--|
| Receive any investment income (For example: interest or dividends)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pay student loan interest? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive a distribution from an IRA or retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Attend college or vocational school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive Social Security payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | Own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive unemployment payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pay for child/dependent care that allowed you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have income that was not reported on a W-2 or 1099? (For example: gambling winnings, jury duty, alimony or self employment income) <input type="checkbox"/> Yes <input type="checkbox"/> No | Can someone other than you use your child to claim the EITC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Make contributions to an IRA or a retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Authorization

- Do you authorize the retention of Form 13614, Interview and Intake Sheet, to help with the processing of your tax return? Yes No
- Do you authorize the retention of your electronic tax return information for subsequent return preparation? Yes No
- Do you authorize the retention of your name, address, and telephone number for the purpose of mailing of product and/or services that may be of value to you? Yes No

Note: Answer all three questions, each one stands on its own merit.

Service Statement: You will not be denied service if you do not authorize any of these retention options. The information retained will not be shared with any unauthorized persons and 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 3 years from the due date of the return.

Signature _____

Date _____

Interview Notes:

- (Volunteer Use Only: Be sure to note anything that changed on this intake sheet because of your interview. Coordinator and IRS Site Reviewer will use this information to verify accuracy of return.)

Paperwork Reduction Act Notice

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 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions 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.