

AARP TAX-AIDE INTAKE AND INTERVIEW FORM TY2008

Instructions: Please provide requested information below. If you do not completely understand a question or have confidence that your answer is accurate, please leave the question blank. We will assist you. Thank you.

SHADED AREAS ARE FOR QR USE ONLY – TAXPAYERS PLEASE DO NOT COMPLETE

As needed to ensure an accurate tax return, provide as much of the following as appropriate and, in some cases, available for you and your spouse:

- A) Last year's tax return
- B) Copies of ALL W-2, 1099 Forms and proof of other income received by you and your spouse
- C) Social Security Cards or Individual Tax Identification (ITIN) Cards or ITIN letters for you, your spouse and any others shown on the tax return
- D) Valid Picture I.D.

1. Taxpayers First Name	M.I.	Last Name		
2. Spouse's First Name	M.I.	Last Name		
3. Address	Apt.#	City	ST	Zip Code
4. Taxpayer Daytime Phone #	5. Spouse Daytime Phone #			
6. Taxpayer Date of Birth (mm/dd/yyyy) / /	7. Spouse Date of Birth (mm/dd/yyyy) / /			
8. Taxpayer Occupation	9. Spouse Occupation			

- 9. Mark box if you or your spouse wants \$3 to go to the presidential campaign() Taxpayer () Spouse
- 10. Mark box if your parents or someone else can claim you or your spouse as a dependent on their return() Yes () No
- 11. Mark box if you or your spouse is legally blind.....() Taxpayer () Spouse
- 12. Mark box if you or your spouse is permanently and totally disabled.....() Taxpayer () Spouse
- 13. On December 31st, 2008
 Were you: () Single () legally married () Separated () Divorced () Widowed
 If married, were you living with your spouse at anytime during the last 6 months of the year? () Yes () No
 If widowed, did your spouse die after December 31, 2005..... () Yes () No
- 14. Did either you or your spouse live or work at any time in 2008 outside the state listed as your residence?..... () Yes () No
- 15. Are you and your spouse US citizens or Resident Aliens..... () Yes () No
- 16. Did the taxpayer receive an Economic Stimulus Payment last year? () Yes () No If so, how much _____?

17. Print the name of everyone who lived in your home and outside your home that you supported during the year. Do not include your spouse or yourself. If a Form 8332 or a divorce decree allows someone else to claim any individual listed below, please circle the name (if unsure whether this is the case, please share the circumstances with us so we can help).

Full Name – as it appears on the person's Social Security card	Date of birth mm/dd/yy	Relationship (son, daughter, grandson, etc.)	Months person lived with you In 2008	Was this person a US citizen, Resident of US, Canada or Mexico?	Was this person totally & permanently disabled?	Was this person a full time student?	Was this person supported by anyone other than the taxpayer(s) listed at the top of this page?	Did this person have Gross Income of \$3,400 or more?

18. Are any of the people listed above filing a joint return for 2008? () Yes () No

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

Check if yes	Receive:	QR
	Wages or salary	<input type="checkbox"/>
	Disability income	<input type="checkbox"/>
	Tips	<input type="checkbox"/>
	Interest from checking, savings, bonds, CDs, etc. (including non-taxable interest)	<input type="checkbox"/>
	Dividends	<input type="checkbox"/>
	State tax refund	<input type="checkbox"/>
	Alimony	<input type="checkbox"/>
	Income from self employment	<input type="checkbox"/>
	Stock sales from this year or a stock loss left from last year	<input type="checkbox"/>
	Did you receive a Brokerage Statement	<input type="checkbox"/>
	Pension or money from an IRA or any other retirement type account	<input type="checkbox"/>
	Unemployment payments	<input type="checkbox"/>
	Social Security or Railroad Retirement payments	<input type="checkbox"/>
	Other income (sale of property, gambling, awards, prizes, Jury duty, AKPF, etc.)	<input type="checkbox"/>

Check if yes		QR
	Pay alimony (if yes, you must provide the name and SSN of the recipient)	<input type="checkbox"/>
	Contribute to an IRA or other retirement account	<input type="checkbox"/>
	Pay student loan interest	<input type="checkbox"/>
	Pay state, local and/or property taxes	<input type="checkbox"/>
	Have Home mortgage payments	<input type="checkbox"/>
	Attend college or vocational school	<input type="checkbox"/>
	Pay for Child/Dependent care that allowed you to work	<input type="checkbox"/>
	Make estimated tax payments	<input type="checkbox"/>
	Pay medical or medical insurance	<input type="checkbox"/>
	Make charitable contributions	<input type="checkbox"/>
	Can anyone else claim your child or dependent for EIC?	<input type="checkbox"/>
	Has your EIC ever been disallowed?	<input type="checkbox"/>
	Use direct deposit for any refund	<input type="checkbox"/>
	Divide refund between bank accounts	<input type="checkbox"/>

QR: Name and SSN's on documents match return - Address on return matches info above	<input type="checkbox"/>
QR: Filing Status on the return was determined based on the interview with the taxpayer and the Intake Sheet, Interview Taxpayer and Use IRS Pub 4012 flow charts to confirm	<input type="checkbox"/>
QR: All income indicated on the intake sheet, taxpayer's interview and source supporting documents are included on the return	<input type="checkbox"/>
QR: All adjustments, deductions and credits indicated on the intake sheet, taxpayer's interview and/or supporting documents are included on the return	<input type="checkbox"/>
QR: All withholding and/or estimated tax payment information provided or shown on the supporting documents have been included on the return	<input type="checkbox"/>
QR: Direct Deposit or Debit information on the return matches the taxpayer's account information	<input type="checkbox"/>
QR: If return was e-filed, verify all overridden entries are justified	<input type="checkbox"/>
QR: Intake Sheet was fully completed and used to prepare this tax return	<input type="checkbox"/>
QR: Site Identification Number (SIDN) is correct and entered on the return	<input type="checkbox"/>
QR: Dependency Exemptions on the return was determined based on the interview with the taxpayer and the Intake Sheet, Interview Taxpayer and Use IRS Pub 4012 flow charts to confirm	<input type="checkbox"/>

AUTHORIZATION AND CERTIFICATION

As explained in the privacy notice on your AARP Tax-Aide envelope, the information that you provide to the volunteers at this site is treated as confidential. In addition, reasonable steps will be taken to protect information from unauthorized use.

If you ask us to file your return electronically, we need to keep your information temporarily so that we can electronically process your return, ensure acceptance by the IRS, and forward your information as required to the IRS as well as any state taxation authority (state regulations may vary.) Your information will generally be turned over to the IRS or otherwise disposed of by the end of April. If you are e-filing, we retain data (such as city, state, and zip code information and return information collected at the site level such as total returns by filing status or total EITC payment) for program analysis. This information does not include names, social security numbers, or other personally identifiable information about any individuals.

If you choose, we can also keep your tax return information to help us prepare your e-file tax return next year. We would then use general information like your name, address, birth date, identification numbers, and employer address) to help with next year's filing. This information would not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes.

If you would like AARP Tax-Aide to keep your information to help prepare next year's tax return, please sign below. Service will not be denied if you do not want us to keep this information.

AARP Tax-Aide volunteers are trained and IRS certified to assist you in filing your tax return (s), not to provide legal or financial advice. Because the assistance provided to you is free, AARP Foundation and AARP Tax-Aide volunteers are not, and do not represent themselves to be, tax return preparers or tax professionals under federal state law and will not and cannot ensure the accuracy of your return. Please review your return (s) to make sure it is complete and correct. You, and not the AARP Foundation or the Tax-Aide volunteer, are solely responsible for the accuracy of your return (s). If there is any underpayment of tax, you are responsible for paying it, plus any interest and penalty that may be due.

Taxpayer Signature _____

Spouse Signature _____

Date _____