

HLA TAX SERVICES

2014 Intake/Interview Sheet

Section A. You should complete Pages 1-3

Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the interviewer.** If you have any questions please ask the preparer when she contacts you.

You will need your:

- Tax information such as Forms W-2, 1099, 1098
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid driver's license or other government issued ID).
- These items must be copied and will be kept private and confidential.

Part I. Your Personal Information

| | | | |
|---|-----------------------|--|----------------------------|
| 1. Your First Name | M. I. | Last Name | Are you a U. S. Citizen? |
| | | | ___ Yes ___ No |
| 2. Spouse's First Name | M. I. | Last Name | Is spouse a U. S. Citizen? |
| | | | ___ Yes ___ No |
| 3. Mailing Address | Apt# | City | State Zip Code |
| 4. Contact Information | | | |
| Phone: | Cell Phone: | Email: | |
| 5. Your Date of Birth | 6. Your Job Title | 7. Last year, were you: (a) Full time student ___ Yes ___ No | |
| | | Totally and Permanently ___ Yes ___ No Disabled Legally Blind ___ Yes ___ No | |
| 8. Spouse's Date of Birth | 9. Spouse's Job Title | 10. Last year, was you spouse: (a) Full time student ___ Yes ___ No | |
| | | Totally and Permanently ___ Yes ___ No Disabled Legally Blind ___ Yes ___ No | |
| 11. Can anyone claim you as a dependent on their tax return? ___ Yes ___ No ___ Unsure | | | |
| 12. Have you or your spouse: a. Been a victim of identity theft? ___ Yes ___ No B. Adopted as a child? ___ Yes ___ No | | | |

Part II. Marital Status and Household Information

1. As of December 31, 2013, last year, were you?
 ___ Single
 ___ Married: Did you live with your spouse during any part of the last six months of 2013? ___ Yes ___ No
 ___ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____
 ___ Widowed: Date of spouse's death: _____

2. List names below of everyone who lived in your home in 2013 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2013. If additional space is needed please check here _____ and list on page 3 under Additional questions or comments.

| Name (first, last) Do not enter your name or spouse name below. | Date of Birth | Relationship to you (e.g. daughter, son, mother, sister, none) | Number of months lived in your home in 2013 | U. S. Citizen or resident of US, Canada or Mexico (yes/no) | Marital Status as of 12/31/13 (S/M) | Full time Student in 2013 (yes/no) | Received less than \$3700.00 income in 2013 (yes/no) |
|--|---------------|--|---|--|-------------------------------------|------------------------------------|--|
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- Interviewers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.
- To report unethical behavior to HLA Tax Services, email us at marylatimore@gmail.com or call 205-595-8156.
- To check the status of your refund visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

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Part VI Additional Information and Questions related to the preparation of your return

Are you or a member of your household considered disabled? Yes No

If you are due a refund would you like:

Paper check mailed to your mailing address Yes No
Direct Deposit Yes No (Please provide a voided check)
Refund Transfer Yes No (Please provide a voided check)

- Ask your preparer about purchasing Individual Retirement Account (IRA) with part or all of your tax refund. IRAs are a safe and secure way to invest in the future.

If you are due a refund, would you like information on how to split your refund between accounts? Yes No

If you have a balance due, would you like to make a payment directly from your bank account? Yes No

Would you like information about securing affordable life insurance for you, your dependents or grands? Yes No

Would you like information about college funding for your dependents or grandchildren? Yes No

Would you like information about affordable retirement options for you and your spouse? Yes No

Would you like assistance in applying for the affordable health insurance? Yes No

Additional questions or comments:

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

STOP HERE!

Thank you for completing this form.

Please give this form to the interviewer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters; Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

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 1545-1964. 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.

