Form **13614-C**
(October 2025)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number
1545-1964

You will need:
- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov

Your first name	M.I.	Last name	Your date of birth	Your job title
Joe		STUDENT	5/6/2007	STUDENT
Spouse's first name	**M.I.**	**Last name**	**Spouse's date of birth**	**Spouse's job title**

Mailing address	Apt #	City	State	ZIP code
100 COLLEGE AVE		STATE COLLEGE	PA	16801

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2025
814 404 1234		jas1023@psu.edu	☐ Yes ☒ No

Can anyone else claim you or your spouse on their tax return ☒ **Yes** ☐ **No**

Check if you or your spouse were in 2025:							
A U.S. citizen	☒ You	☐ Spouse	☐ No	Legally blind	☐ You	☐ Spouse	☐ No
In the U.S. on a visa	☐ You	☐ Spouse	☐ No	Totally and permanently disabled	☐ You	☐ Spouse	☐ No
A full-time student	☐ You	☐ Spouse	☐ No	Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse	☐ No
				Owners or holders of any digital assets	☐ You	☐ Spouse	☐ No

If due a refund, how would you like your refund
☒ Direct deposit ☐ Check by mail
☐ Split refund between accounts ☐ Other _____

If you have a balance due, how would you like to make your payment
☒ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☐ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English ☐ You ☐ Spouse ☐ No
What language _____

Would you, or your spouse if married filing jointly, like $3 to go to the Presidential Election Campaign Fund ☐ You ☐ Spouse ☐ No

As of December 31, 2025, what was your marital status
☒ **Never Married** ☐ **Married** If married, were you married on the last day of the year ☐ Yes ☐ No
Did you and your spouse live apart all of the last 6 months of the year ☐ Yes ☐ No
☐ **Divorced** ☐ **Legally Separated but not Divorced** ☐ **Widowed**
Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	Answer Yes or No (Y/N): U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	**To be completed by certified volunteer (Yes, No, or N/A)**: Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☒ (B) Wages as a part-time or full-time employee How many jobs _____	☐ (B) W-2s # 1	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # ☐ (A) Qualified Charitable Distribution From 1099-R $	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 #	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 #	
☐ (B) Unemployment benefits	☐ (B) 1099-G #	
☐ (B) Refund of state or local income tax	☐ (B) Refund $ ☐ (B) Itemized last year ☐ Yes ☐ No	
☒ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # 1 ☐ (B) 1099-DIV #	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony $ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No ☐ Income from renting personal property such as a vehicle	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense $	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) #	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # ☐ 1099-NEC # ☐ 1099-K # ☐ Other income reported elsewhere ☐ Schedule C expenses $	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # _____	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☐ (A) Charitable contributions		

Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ _____ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
☒ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☒ (B) Taxable scholarship income ☒ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Other (example: purchased a new vehicle, etc.)	☐ VIN #	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes	☐ (B) Estimated tax payments _____ ☐ (B) Last year's refund applied to this year _____	
☐ Brought last year's return	☐ Last year's return available	

Drop Off Interview Information (2026 V1)

Interviewer Name (print) Barry Date 10/20

Use Social Security card for name. DO NOT use our folder

Taxpayer First Name JOE Last Name STUDENT

Social Security Numbers for **everyone** on the return **Double check – accuracy is critical – write legibly!** 101 00 1234

Basic Information

(Y) N Is the taxpayer eligible for our services? (Income < $69,000)

(Y) N Is form 14446 signed? - Must sign for us to complete return.

Y (N) Did we do their taxes last year?

(Y) N Email and phone on intake sheet

Y (N) Does anyone have a visa? If Yes, **who, type, country, year first entered US**

_____

(Y) N Is the taxpayer claimed as dependent ?

Y (N) Identity Protection Pin Number _____

Filing Status (**you must determine**) (S) MFS MFJ HoH QSS

If MFS Name, Birthdate, SS # of spouse _____

Complete the shaded area in the dependents section if necessary. **Determine dependency.**

Income Information

1099R box 7 code(s) _____ If code 1, what was money used for? _____

Codes 5,6,8,9,A,B,E,J,K,N,P,R,T,U,W are all out of scope. (Get Barry)

Y (N) !099 DA ? Yes – out of scope - can't do return

Y (N) 1099 NEC,1009 K or 1099 MISC Yes -compete additional information (page 3)

Y (N) Fellowship ? If Yes - View amount on workday amount _____

(Y) N Taxable scholarship? 1098T box 5 > box1, amount (box 5 – box 1) _____

Other income – list types W-2, Interest

Adjustments/Credits

Y (N) Childcare – documentation required Work requirement met? Y N

Y (N) Education credit? 1098T box 1>box 5 Which One? _____

Additional required educational expenses (books, software, computer, etc). Not food or housing

Y (N) HSA contributions **above those shown on w-2**? How much _____

Y (N) HSA disbursement? How much _____

Y N Was it used for qualified medical expenses?

Type of HSA plan _____ Individual _____Family

PA Schedule UE deductions (Union Dues, clothing, tools, education supplies, etc)

List type and amount _____

Union Name _____

State/Local Residency –USE FLOWCHART

PA residency (R) NR PYR Other State _____ R NR PYR

If taxpayer lived or worked in 2 or more states list **dates** and address for each state

For resident list lived at address; For nonresident list work address

Local residency (CC Resident) CC Nonresident Resident of another county in PA

Address of PA resident that is a resident of another **county – not country**

Y (N) Did taxpayer move within PA during 2025? If they moved, and we are doing local taxes, we need prior address, **dates they lived there and dates they worked at all employers.**

Bank Information

If no direct debit or direct deposit, skip this section

(CH) SAV Checking or savings?

(Y) N Direct deposit

(Y) N direct debit date of debit Apr 15 At least 3 wks from today

Voided Check – attach with paper clip to this form

Make sure the following are correct and **legible**. Double check – **Accuracy is critical!!!**

If no voided check what is the Bank name? PNC

Routing Number 043000096 Account Number 23456

1099 NEC, 1099 K, 1099 MISC

Additional required information

If the client has a 1099 NEC, 1099 K, or 1099 MISC that is usually income from some type of business that requires completing a schedule C. You must determine the following to complete schedule C

What did they do to earn the money?

Do they have any expenses to deduct from the income? If so, what are they and how much?

See page D-19 in publ 4012 for different types of deductible expenses.

If they have mileage to deduct, you must get the following information. If they want to deduct actual vehicle expenses, we can't do the return.

Type of vehicle_____ The date it was placed in service _____

Business miles _____ Commuting miles_____ Other miles_____

Y N Was another vehicle available for your personal use?

Y N Is this vehicle available for your personal use?

Y N Do you have evidence to support your business miles?

Y N Is the evidence written?

22222	a Employee's social security number xxx-xx-1234	OMB No. 1545-0029	
b Employer identification number (EIN) 24-6000376		1 Wages, tips, other compensation 17560	2 Federal income tax withheld 250
c Employer's name, address, and ZIP code Pennsylvania State University 120 Boucke Bl State College PA 16801		3 Social security wages 17560	4 Social security tax withheld
		5 Medicare wages and tips 17560	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. Joe Student 100 College Ave State College PA 16801		11 Nonqualified plans	12a
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
		14 Other	12c
			12d
f Employee's address and ZIP code			

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
PA 12345	17560	575.72	17560	395	SC

Form **W-2** **Wage and Tax Statement** 2025 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	**Interest Income**
RBC Capital ~~[illegible]~~ PO Box 1510 Minneapolis MN 55440	1 Interest income $ 201.47	Form **1099-INT** (Rev. January 2024) For calendar year ____	
	2 Early withdrawal penalty $		**Copy 1** **For State Tax Department**
PAYER'S TIN 41-1416330	RECIPIENT'S TIN XXX-XX-0284	3 Interest on U.S. Savings Bonds and Treasury obligations $	
RECIPIENT'S name Jane Student	4 Federal income tax withheld $	5 Investment expenses $	
Street address (including apt. no.) 100 College Ave	6 Foreign tax paid $	7 Foreign country or U.S. territory	
City or town, state or province, country, and ZIP or foreign postal code State College PA 16801	8 Tax-exempt interest $	9 Specified private activity bond interest $	
	10 Market discount $	11 Bond premium $	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $	
Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld $ $

Form **1099-INT** (Rev. 1-2024) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses $ 12,000	OMB No. 1545-1574 **2025** Form **1098-T**	**Tuition Statement**
Pennsylvania State University 123 Business St State College, PA	2		
FILER'S employer identification no. 24 6001376	STUDENT'S TIN	3	**Copy B** **For Student**
STUDENT'S name Jane Student	4 Adjustments made for a prior year $	5 Scholarships or grants $ 14,500	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.) 100 College Ave	6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 ☐	
City or town, state or province, country, and ZIP or foreign postal code State College PA 16801			
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service