

Form 13614-C (October 2020)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1984
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- 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.
- Please complete pages 1-4 of this form.
 - You are responsible for the information on your return. Please provide complete and accurate information.
 - If you have questions, please 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 wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name NEVAEH	M.I. T	Last name ELDER	Daytime telephone number 757-555-3751	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 3916 WEST FULTON DR		Apt # 11	City YOUR CITY	State YOUR STATE
4. Your Date of Birth 16 SEP 1991	5. Your job title TEACHER		6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, or your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status? Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) Married

a. If Yes, Did you get married in 2020? Yes No

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

If using 2021 software, substitute 2021 wherever 2020 is used on this intake form.

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed Year of spouse's death _____

2. List the names below of **everyone** who lived with you last year (other than your spouse) **and anyone** you supported but did not live with you last year. If additional space is needed check here and list on page 3.

To be completed by a Certified Volunteer Preparer										
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no/N/A)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
PRECIOUS ADAMS	2 MAY 2011	DAUGHTER	12	Y	Y	S	Y	N		

Interview Notes

Nevaeh has marked the following boxes “yes” on page 2 of the I/I Sheet; all other boxes are marked “no”:

Part III Income: 1-Wages

Part IV Expenses: 2-Contributions to a retirement account (other), 4-Charity, 5-Child Care, 6-Educator supplies

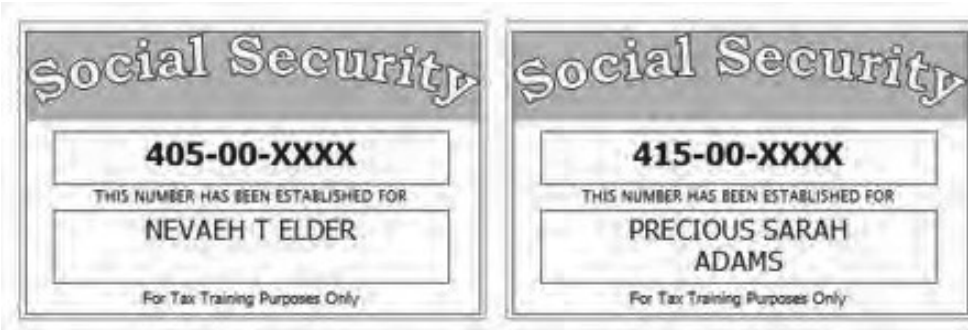
Part V Life Events: 10- Received stimulus, XX-Received Advanced CTC

Nevaeh is a 3rd grade math and science teacher. She worked all year including teaching a summer program. She has receipts for \$416.78 for school supplies she purchased for her classroom. She pays for after school day care for her daughter while she is working.


Nevaeh received correspondence stating the \$7,500 of her federal student loan had been forgiven and asked how that would affect her return.

She contributed \$250 to the United Way and has a receipt. She received \$2,800 stimulus (EIP3) and \$1,500 Advanced Child Tax Credit.

She would like direct deposit if she is due a refund. Account information taken from her phone: Nations Bank Routing number – 325070760 Account - 9007842



WASHINGTON COUNTY SCHOOL DISTRICT 17 E 12TH AVE YC, YS, YZIP EIN: 12-056XXXX		Date	16 Jan 2022
		Number	145
		Amount	\$4,000
Description	After School Care for Precious Adams		
Charged to	Nevaeh Elder		
Received by	M Gaynor		
Approved by	C Snyder		

		a. Employee's social security number 405-00-XXXX		Save. accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b. Employer identification number (EIN) 12-056XXXX				1. Wages, tips, other compensation \$28,563.00		2. Federal income tax withheld \$2,200.00			
c. Employer's name, address, and ZIP code WASHINGTON COUNTY SCHOOL DISTRICT 17 E 12TH AVE YC, YS, YZIP				3. Social security wages \$30,563.00		4. Social security tax withheld \$1,894.91			
				5. Medicare wages and tips \$30,563.00		6. Medicare tax withheld \$443.16			
				7. Social security tips		8. Allocated tips			
d. Control number				9.		10. Dependant care benefits \$500.00			
e. Employee's first name and initial Employee's address and ZIP code NEVAEH T ELDER 3916 WEST FULTON DR #11 YC, YS, YZIP		Last name Suff. Employee's address and ZIP code		11. Nonqualified plans		12a. See instructions for box 12 E \$2,000.00			
				13. Statutory Retirement Third-party Employee Plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b. DD \$5,600.00			
				14. Other FSA 600.00		12c.			
				-----		12d.			
15. State YS	Employer's state ID number 12--789XXXX	16. State wages, tips, etc. \$30,563.00	17. State income tax 700.00	18. Local wages, tips, etc.	19. Local income tax	20. Locality name			
<p>Form W-2 Wage and Tax Statement 2021</p> <p>Copy B - To Be Filed With Employee's FEDERAL Tax Return.</p> <p>This information is being furnished to the Internal Revenue Service.</p>									