CLAY KASERNE TAX CENTER INTAKE SHEET

Privacy Act Statement: AUTHORITY: 10 USC § 3013. PRINCIPAL PURPOSE: To assist the WAAF Tax Center personnel in the preparation and filing of federal and/or state tax returns. ROUTINE USES: To provide Tax Center personnel with sufficient information to advise on and prepare tax returns. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary. Nondisclosure prohibits tax assistance. By requesting income tax return services you authorize Tax Center personnel to retain a copy of this form or other electronic return information as required by the U.S. Internal Revenue Service. You will not be denied tax preparation services if you do not authorize retention of your tax information. U.S. Army tax preparers and lawyers are not permitted to give you financial advice or prepare or file a tax return with information they know is incorrect or inconsistent with tax law, and your submission of information does not create an attorney client relationship with Tax Center personnel. Tax preparation and filing services are free and you owe nothing for these services, however our tax preparation software automatically prepares an invoice showing you the fair market value of our tax preparation services.

Your full name: ______________________________ SSN: ___ ___ ___ – ___ ___ – ___ ___ ___ ___
(as shown on your Social Security or Taxpayer Identification Card)

Date of birth: (MM DD YY) ___ ___ ___

Your occupation: ☐ Soldier ☐ Other (DESCRIBE): ______________________
Rank:

On December 31, 2012, you were: ☐ Single or Legally Divorced ☐ Married ☐ Separated

If Married or Separated, did you live with your spouse at anytime after June 30, 2012? ☐ Yes ☐ No

Spouse full name: ______________________________ SSN: ___ ___ ___ – ___ ___ – ___ ___ ___ ___
(as shown on his/her Social Security or Taxpayer Identification Card)

Date of birth: (MM DD YY) ___ ___ ___

Spouse occupation: ☐ Soldier ☐ Other (DESCRIBE): ______________________
Rank: _________

Mailing address: ____

Contact telephone number(s): ____

Email address: ______________________________@ ☐ US.ARMY.MIL ☐ EUR.ARMY.MIL ☐ AMEDD.ARMY.MIL ☐ US.AF.MIL ☐ RAMSTEIN.AF.MIL ☐ HOTMAIL.COM ☐ GMAIL.COM ☐ YAHOO.COM ☐ AOL.COM ☐ OTHER: ______________________

Inquiries and your tax return may be electronically mailed to your email address.

Sponsor grade: (Check all applicable) ☐ ENLISTED SERVICEMEMBER ☐ RETIRED SERVICEMEMBER ☐ WARRANT OFFICER ☐ CIVILIAN ☐ COMMISSIONED OFFICER

Sponsor branch: ☐ ARMY ☐ NAF ☐ DODDS/DODEA ☐ AIR FORCE ☐ AAFES ☐ OTHER: ______________________

Filing status (standard deduction): ☐ SINGLE ($5,950) ☐ MARRIED FILING SEPARATE ($5,950) ☐ QUALIFYING WIDOW/WIDOWER ($11,900) ☐ MARRIED FILING JOINT ($11,900) ☐ HEAD OF HOUSEHOLD ($8,700) ☐ CAN BE CLAIMED BY SOMEONE ELSE (VARIES)

List dependents you supported in 2012: (DO NOT LIST YOU OR YOUR SPOUSE HERE - NAME MUST MATCH SOCIAL SECURITY CARD OR IRS WILL REJECT RETURN)

PROVIDE THE FIRST AND LAST NAME OF DEPENDENTS AS SHOWN ON THEIR SOCIAL SECURITY CARD OR TAXPAYER IDENTIFICATION CARD (if you have more than four dependents, provide additional information separately)	DATE OF BIRTH MM/DD/YY	DEPENDENT'S NINE DIGIT SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO YOU (IF OTHER, IDENTIFY THE RELATIONSHIP	NUMBER OF MONTHS LIVED WITH YOU IN 2012	RECEIVED MORE THAN $950 OF UNEARNED INCOME IN 2012
1.		___ ___ ___ – ___ ___ – ___ ___ ___ ___	☐Daughter ☐Son ☐Other:		☐
2.		___ ___ ___ – ___ ___ – ___ ___ ___ ___	☐Daughter ☐Son ☐Other:		☐
3.		___ ___ ___ – ___ ___ – ___ ___ ___ ___	☐Daughter ☐Son ☐Other:		☐
4.		___ ___ ___ – ___ ___ – ___ ___ ___ ___	☐Daughter ☐Son ☐Other:		☐

Indicate if you are filing this return with: ☐ A power of attorney or IRS Form 2448 (we must retain a copy of the authorization)
☐ IRS Form 8332 (claiming a child who does not live with you as a dependent)

Check if you want $3 to go to the Presidential Election Fund: ☐ Check if your spouse wants $3 to go to the Presidential Election Fund: ☐

STATE TAX RETURN

Identify where you or your spouse must file a state tax return.

Taxpayer: STATE ______________________ ☐ RESIDENT ☐ NON-RESIDENT ☐ PART YEAR RESIDENT
CITY: ______________ COUNTY: ______________ SCHOOL DISTRICT: ______________
DATES LIVED IN THE STATE: BEGINNING DATE: ______________ ENDING DATE: ______________

Spouse: STATE ______________________ ☐ RESIDENT ☐ NON-RESIDENT ☐ PART YEAR RESIDENT
CITY: ______________ COUNTY: ______________ SCHOOL DISTRICT: ______________
DATES LIVED IN THE STATE: BEGINNING DATE: ______________ ENDING DATE: ______________

DIRECT DEPOSIT INFORMATION
$ →

For direct deposit or payment of tax owed, identify your bank account number and type, and Routing Transit Number.

YOUR BANK ACCOUNT NUMBER: ______________________ ☐ CHECKING ☐ SAVINGS

YOUR BANK'S NINE-DIGIT ROUTING TRANSIT NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___

COMPLICATED INCOME TAX RETURNS

For the following tax situations your return may require additional information and time for completion. Indicate which situations apply to you or your spouse for 2012 and provide your tax preparer with listed supporting documents or information.

- ☐ 1099B or other non-1099DIV capital gain or loss. Provide 1099B and purchase prices and dates.
- ☐ Rental real estate. Provide completed Schedule E and prior year returns.
- ☐ Prior year return preparation or modification: Identify year(s): ______________________
- ☐ Self-employment or foreign earned income (includes any 1099-MISC income, and all pay NOT in U.S. dollars).
  - Self-employed persons: Provide completed Schedule C and fill in physical address information below.
  - Foreign income recipients: Provide all relevant tax documents and fill in physical address and income information below.
  - How much were you paid? $ ____________ € ____________ Other currency: ____________
  - Did you exclude foreign income in 2011 or prior years? ☐ No ☐ Yes, the year you last excluded foreign income was:__________
  - Date you moved to where you live now: ______________________
  - Your non-U.S. street address: ______________________
  - Your non-U.S. postal code, city, country: ______________________
  - Employer name: ______________________
  - Full employer address: ______________________
- ☐ Foreign income tax: How much did you pay? $ __________ €__________ Other __________
- ☐ Tax Treaty exclusion of pension or SSA income from U.S. taxability. (Form 8833)
- ☐ Puerto Rico tax filing requirement. Check this block if Puerto Rico withheld income tax from your pay, and provide proof of the following expenses for additional deductions:
  ☐ Uniform purchase and maintenance expenses. ☐ Car loan interest payments. ☐ Contributions to education accounts. ☐ Telephone bills for calls made to Combat Zones.

INCOME

Indicate and provide tax documents for any of the following types of ***income received*** by you or your spouse in 2012:

- ☐ W-2 wage income.
- ☐ Student loan repayment.
- ☐ Combat zone income.
- ☐ 1099-INT interest income.
- ☐ 1099-DIV dividends.
- ☐ State/local income tax refund. (If you itemized deductions in 2011).
- ☐ Alimony: Amount: $____________.
- ☐ Other. (Gambling, prizes, discharge of indebtedness, etc).
- ☐ 1099B or 1099-DIV capital gains.
- ☐ 1099R pension or annuity.
- ☐ 1099G unemployment.
- ☐ 1099 SSA Social Security benefits.
- ☐ Alaska Permanent Fund Dividend.
- ☐ 1099R IRA distributions.
  - ☐ CHECK IF ROLLED OVER INTO QUALIFYING ACCOUNT

ITEMIZED DEDUCTIONS - SCHEDULE A

Indicate ***amounts paid*** in 2012:

- ☐ Unreimbursed medical expenses/post-tax medical insurance payments. $__________
- ☐ U.S. state/local general sales taxes. $__________
- ☐ Real estate property tax on your primary home, not rental property. $__________
- ☐ Mortgage interest on your primary home, not rental property. $__________
- ☐ Mortgage insurance premiums. $__________
- ☐ Charitable contributions. $__________
- ☐ Other. (Casualty/theft; Miscellaneous - job expenses, tax prep fees, safe deposit box, gambling losses) $__________

Schedule A Itemized Deductions
You are permitted to take the higher of your itemized deductions or the standard deduction for your filing status.

OTHER DEDUCTIONS

Indicate ***amounts paid*** in 2012:

	YOU	YOUR SPOUSE
☐ Classroom expenses. (up to $250 per K-12 teacher, counselor, principal or aide)	$__________	$__________
☐ Unreimbursed travel/lodging expenses to attend Guard/Reserve drills.	$__________	$__________
☐ Moving expenses.	$__________	
☐ Alimony: Recipient SSN:____________________.	$__________	$__________
☐ Traditional IRA account contributions.	$__________	$__________
☐ Roth IRA account contributions.	$__________	$__________
☐ Student loan interest.	$__________	$__________

CREDITS

Indicate ***amounts paid*** in 2012:

- ☐ Post-secondary education tuition and fees. You $__________ Spouse $__________
  A dependent: Name:______________________) $__________
  For each post-secondary student claimed, indicate year in school (Freshman, Sophomore, or higher): You __________ Your spouse __________ Dependent __________
- ☐ Adoption finalized in 2012. $__________
- ☐ Estimated tax payments made for 2012. $__________
- ☐ Childcare. (If you paid for childcare for more than two children, provide additional information separately).

CHILD'S FIRST NAME	CHILDCARE PROVIDER'S NAME AND ADDRESS	PROVIDER'S SSAN OR EIN	AMOUNT

- ☐ Check here if you have carry-forward adoption expenses or capital losses. Provide prior year return(s). (Adoption Form 8839 Line 12; Capital Gain Schedule D Lines 6/14)
- ☐ Check if you or your spouse owes child support arrearages or a state or federal government agency debt. Discuss Injured Spouse Form 8379.
- ☐ **CHECK IF THE WAAF TAX CENTER PREPARED YOUR TAXES LAST YEAR.**

ACKNOWLEDGMENT AND SIGNATURE. All information provided on this Intake Sheet is correct. I understand the WAAF Tax Center may retain some of my tax information as required by the Internal Revenue Service.

______________________ ______________________
TAXPAYER SPOUSE