

14th COAST GUARD DISTRICT TAX CLINIC QUESTIONNAIRE

Instructions: Complete this form, Form 13614 (Rev'd). & Intake Questionnaire attached (4 pages total)

1. The US Coast Guard VITA tax clinic provides tax assistance at NO CHARGE for filing your Federal tax returns. Eligible individuals are active duty members, retirees, their family members, and CG civilian employees. Appointments are necessary. For appointments, please call PO1 G. Morse at (808) 541-2108. Or contact volunteers directly at the following locations: **ISC** ET1 Jina Ho-Waller 368-5880 or Kris Kenney 834-5439; **AIR STA** GS Alanna McGuire 682-2741; **RED HILL** Mrs. Kris Kenney 834-5439; **CGC JARVIS** ET1 KG Brown 842-2875.

2. Our tax clinic is staffed by volunteers trained in cooperation with the IRS & 14th District Legal Assistance Office. Regrettably, due to IRS policies, we are unable to assist you with the following: Schedule C (Profit or Loss from Business), Complicated & Advanced Schedule D (Capital Gains & Losses; i.e., more than five (5) sales of stock), Schedule E (Rents & Royalties), Form 2106 (Employee Business Expenses), Form 3903 (Moving), Form 8606 (Nondeductible IRA), Form 8615 (Minor's Investment Income).

3. Please print clearly. Any mistake can lead to a delay in receiving your refund. To provide the most efficient service possible, it is vital to have complete and correct information. **Social Security Numbers (SSNs) and names must match exactly Social Security cards or processing of your return and any refund will be affected.** Actual Social Security cards are preferred to avoid IRS rejection.

4. Make sure you have all of your W-2s, IRS Forms 1099s stating interest, dividends, capital gains, distributions from pensions & IRAs, unemployment compensation, or miscellaneous income to give to your tax preparer. Amended returns cannot be electronically filed. To claim adjustments, credits, or itemized deductions, have receipts & totaled amounts. For child care credit, make sure you have the employee identification number (EIN) or SSN for the care provider. To claim a dependency exemption, a non-custodial parent should have IRS Form 8332 (Release of Claim to Exemption for Child of Divorced or Separated Parents), Separation Agreement or Divorce Decree.

5. Your tax return is ultimately your responsibility. Be sure to review your tax return before signing it. Ensure correct names, SSNs, and financial institution's routing and account numbers. Please ask your tax preparer any questions you may have about your tax return and they will be happy to answer them BEFORE you sign your tax return. All tax information is held in the strictest confidence by VITA tax advisors.

6. If you intend to electronically file and your spouse is not available to sign the return, make sure you have Power of Attorney specifically authorizing the preparation, signing, and filing of income tax returns. If you use the IRS Form 2848 (Power of Attorney and Declaration of Representative), it does not need to be notarized. If you have questions, please make an appointment at (808) 541-2108 with Legal Assistance Attorney, Belinda Alcantara.

Data Required by the Privacy Act of 1974; AUTHORITY: 10 USC 3012 .

PRINCIPLE PURPOSE: To assist in preparation of federal income tax returns for electronic filing.

ROUTINE USES: The routine use of tax preparation worksheets is to provide the basic information necessary to prepare the client's federal income tax return for electronic filing.

DISCLOSURE: Voluntary Disclosure. Nondisclosure precludes electronic preparation and filing of the federal income tax return.

Signature: _____ Print name: _____
(DATE)

Signature (spouse) _____ Print name: _____
(DATE)

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

Receive any investment income (For example: interest or dividends)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay student loan interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive a distribution from an IRA or retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend college or vocational school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Social Security payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive unemployment payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay for child/dependent care that allowed you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have income that was not reported on a W-2 or 1099? (For example: gambling winnings, jury duty, alimony or self employment income) <input type="checkbox"/> Yes <input type="checkbox"/> No	Can someone other than you use your child to claim the EITC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Make contributions to an IRA or a retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorization

- Do you authorize the retention of Form 13614, Interview and Intake Sheet, to help with the processing of your tax return? Yes No
- Do you authorize the retention of your electronic tax return information for subsequent return preparation? Yes No
- Do you authorize the retention of your name, address, and telephone number for the purpose of mailing of product and/or services that may be of value to you? Yes No

Note: Answer all three questions, each one stands on its own merit.

Service Statement: You will not be denied service if you do not authorize any of these retention options.*The information retained will not be shared with any unauthorized persons and will not be sold, given away, or used for commercial purposes. This information will be properly disposed of when no longer needed and retained no longer than 3 years from the due date of the return.*However, if you are using the CG VITA Tax Clinic, the information will be retained as long as necessary and any "no" answer to any of the above will result in a denial of service.

Signature

Date

Signature (spouse):

Interview Notes:

Date

- (Volunteer Use Only: Be sure to note anything that changed on this intake sheet because of your interview. Coordinator and IRS Site Reviewer will use this information to verify accuracy of return.)

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 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions 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.

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 552 & 44 U.S.C. 3101 (Executive Order 9397) SSN: _____ PRINCIPAL PURPOSE (S): Information is to monitor the caseloads in legal assistance office. ROUTINE USE (S): Information provided is used to sign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN if voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit our ability to provide assistance.

Attending a clinic or briefing, viewing a video, or receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney. The attorney-client relationship will terminate when the attorney's involvement in the current transaction ends.

FOR OFFICE STAFF ONLY ID CARD SCREEN APPT WITH: _____ CONFLICT CHECK: _____ DATE/TIME: _____ CONFLICTED: YES NO

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE FOURTEENTH COAST GUARD DISTRICT LEGAL ASSISTANCE OFFICE

BRING ALL PERTINENT PAPERWORK TO THE APPOINTMENT

This includes all contracts, leases, previous wills or trust agreements, divorce or other marriage orders, agreements, judgments or decrees, all law suit pleadings, petitions, or other documents and all letters you have received or sent regarding your situation. If you do not have all documentation with you, your appointment may be rescheduled.

Provide information that is applicable to your situation. If it doesn't apply insert "N/A". Please answer all questions.

Your Name (First, Middle, Last):			SSN or EMPLID:		
Contact Numbers	Work:	Fax:	Home:	E-Mail:	
Home Address:		City:		State:	Zip:

Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate:	Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Dependant <input type="checkbox"/> (enter Sponsor's info below). Only active duty military, dependents, and retirees are eligible for Legal Assistance.			
Please Enter Military Information		Command/Employer:			
Rank/Rate:	Pay Grade:	Branch of Service:		Separation Date:	

Your Spouse's Name: _____ Spouse's Maiden Name: _____

CONSENT TO DISCLOSE CONFLICT: If an opposing party is entitled to Legal Assistance and comes to our office, we cannot help that person if you have formed an attorney-client relationship here. It will be necessary to tell the opposing (or conflicted) party that this office represents you AND cannot represent them. Do you consent to this office disclosing that we represent you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently represented by an attorney? If yes, the attorney's name:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received services from this office before?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what services did you receive?		
Have you seen a Legal Assistance Attorney before? If yes, the attorney's name:		Yes <input type="checkbox"/> No <input type="checkbox"/>

What issue will you be discussing during your appointment? Check all that apply:

- ADOPTION OR NAME CHANGE
- CONSUMER ISSUE: Auto or other purchase or sale, auto/house repair, credit or collection problem, bankruptcy
- DOMESTIC RELATIONS: Support, custody, guardianship; divorce; annulment; paternity
- IMMIGRATION: Naturalization; citizenship; resident permit; visa; employment
- MILITARY RIGHTS & BENEFITS: Soldier & Sailors Civil Relief Act; Uniformed Services Employment and Reemployment Rights Act; Other
- NOTARY, Certified Copy
- POWER OF ATTORNEY: Includes Health Care Surrogate
- REAL ESTATE OR LANDLORD TENANT: Purchase/Sale; lease; rental; security deposit; eviction
- TAX: Income, sales, intangible, property, ad valorem. If it is to prepare a return during the tax season, go to the VITA or ELF location
- WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate
- OTHER ISSUE: (explain)

IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name:		SSN or EMPLID (If known)			
Home or Contact Address:		City:	State:	Zip:	
Contact Phone Numbers	Home:	Work:	Fax:		
Active Duty <input type="checkbox"/>	Reserve/Guard <input type="checkbox"/>	Retiree <input type="checkbox"/>	Dependant <input type="checkbox"/>	Other (Explain)	
Rank/Rate:	Pay Grade:	Branch of Service:	Command:		

Your Signature _____ Date: _____