

Income Tax Return Drop-Off Check List

Please initial next to each box ensuring that you have included each of the following items in your income tax return drop-off packet.

- IRS Intake Form 13614-C (LINES 1,3,4,10 &11 ONLY)**
- Cadet Tax Drop-Off Sheet** (Complete all Parts)
- All W-2s** (Wage and Earning Statements) Cadets can access their W-2 on MyPay. To get to MyPay, you can either log onto AKO and then click on MyPay or go directly to MyPay. AKO – <https://akologin.us.army.mil> MyPay <https://mypay.dfas.mil>.
- All 1099-INTs** (Interest Statements) For interest from treasurer's account, go to "CIS" account and download Form 1099-INT. (This does not apply to cadet candidates at USMAPS).
- All 1099-DIVs and 1099-Bs** Dividend Statements and Sales of Stock. You will only have these if you own any stocks or mutual funds. You will only have Form 1099-B if you sold stock during 2015. If you sold stock during 2015, you will need to provide the date purchased, cost (or other basis), date sold and selling price. If you use a broker, a complete copy of the Year-End summary statement for 2015 will provide most of the information needed. If you own shares of a Master Limited Partnership, we will need Form 1065K-1 and all the supporting paperwork.
- All 1099-Qs** If you received a payment from a Qualified Education Program under Sections 529 & 530, you will need to provide a breakdown between principal deposited into the plan and earnings from the account.
- A Copy of your Social Security Card** If you don't have your card at West Point, you can get a verification letter on line instantly through my Social Security account at www.socialsecurity.gov/myaccount
- Voided Check** If you don't have a check, a print out from your bank statement with account number and bank routing number can be substituted.

Intake/Interview & Quality Review Sheet

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 1-3 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	M.I.	Last name	Telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Your spouse's first name	M.I.	Last name	Telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Mailing address			Apt #	City	State	ZIP code	
4. Your Date of Birth	5. Your job title		6. Last year, were you:		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
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 on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							
11. Have you or your spouse:							
			a. Been a victim of identity theft?		<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Adopted a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II – Marital Status and Household Information

1. As of December 31, 2016, were you:

Unmarried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2016? Yes No

Divorced Date of final decree _____

Legally Separated Date of separate maintenance agreement _____

Widowed Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **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 12/31/16 (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)	Did this person have less than \$4,050 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)							