

## 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](http://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.

**Part I – Your Personal Information**

|   |                            |  |                  |  |
|---|----------------------------|--|------------------|--|
| 1. Your first name  | M.I.                       | Last name  | Telephone number | Are you a U.S. citizen?<br><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?<br><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 |                  |  |
| 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, 2015, were  Single  Married  Divorced  Legally Separated  Widowed

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

a. If Yes, Did you get married in 2015?  Yes  No

b. Did you live with your spouse during any part of the last six months of 2015?  Yes  No

Date of final decree \_\_\_\_\_

Date of separate maintenance agreement \_\_\_\_\_

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

| 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 12/31/15 (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 \$4,000 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)                                       |  |  |  |  |   |
|  |                          |   |   |                     |  |  |                                      |   |  |  |  |  |   |
|  |                          |   |   |                     |  |  |                                      |   |  |  |  |  |   |
|  |                          |   |   |                     |  |  |                                      |   |  |  |  |  |   |

If additional space is needed check here  and list on page 3

**To be completed by a 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](mailto:wi.voltax@irs.gov)**

## TY15 CADET TAX DROP-OFF SHEET

Attach **ALL COPIES** of your W-2'S (wage and earning statements), 1099's (interest, dividend, or other), and any other 2015 income related tax documents to this sheet. **YOUR TAX RETURN WILL NOT BE PREPARED WITHOUT THESE FORMS.**

**REMEMBER:** Just leaving this information does NOT complete your tax return. When notified, you MUST return to sign it once it is prepared, before it can be transmitted to IRS.

### **I. CADET INFORMATION E-MAIL ADDRESS:**

|  |   |                        |      |
|--|---|------------------------|------|
| Name (exactly as it appears on your social security card): _____   |   |                        |      |
|  | FIRST   | MIDDLE                 | LAST |
| USMA Mailing Address [NOT Email]: _____  |   |                        |      |
| SSN: _____ - _____ - _____   | Birth Date: _____   | Phone Number: _____    |      |
| MM/DD/YYYY   |   |                        |      |
| State of Legal Residence: _____  | County [NOT country]: _____                               | School District: _____ |      |
| USMA Class of: _____   | Branch of Service: <input type="checkbox"/> ARMY or _____ | Company: _____         |      |
| Fourth Class Cadets: Did you attend USMAPS in the last academic year? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                        |      |
| Can your parents (or anyone else) claim you on their tax returns? <input type="checkbox"/> YES <input type="checkbox"/> NO     |   |                        |      |
| <b>ATTENTION ALL OTHER CADETS: Your parents may NOT claim you on their tax returns. Please advise them before they file.</b>   |   |                        |      |
| Do you want \$3 to go to the Presidential Election Campaign? <input type="checkbox"/> YES <input type="checkbox"/> NO          |   |                        |      |

### **II. INCOME**

**ALL CADETS WILL HAVE AT LEAST ONE W-2 FROM THE ARMY AND AT LEAST ONE 1099-INT FROM YOUR CADET ACCOUNT.** You can print off your W-2 from your MyPay account and your 1099-INT from your CIS account online.

1. Check all income that you received:  WAGES (W-2)  INTEREST (FORM 1099-INT)  DIVIDENDS (FORM 1099-DIV)  
 STATE TAX REFUNDS  1099-R  SALE OF STOCK (FORM 1099-B)  
 UNEMPLOYMENT  SOCIAL SECURITY  
 OTHER INCOME (1099-MISC, gambling, jury duty, etc.) \_\_\_\_\_
3. Did you own Mutual Funds or Stocks?  YES  NO If yes, did you sell any of them?  YES  NO
4. Did you receive an inheritance or financial gift (stocks, bonds, IRAs, cash, etc.) in 2014? Type/amount? \_\_\_\_\_
5. Did you run your own business?  YES  NO

### **III. DEDUCTION AND CREDITS**

IF YOU ANSWER **YES** TO ANY OF THE QUESTIONS IN THIS SECTION, YOU WILL NEED TO HAVE SUPPORTING DOCUMENTATION TO SUBMIT FOR YOUR RETURN. Call 938-5920, if you have any questions.

1. Did you pay college tuition or college book fees for yourself at an institution OTHER THAN USMA, USMAPS, USCGA, or USNA?  YES  NO
2. Did you pay interest on a student loan?  YES  NO
3. Did you contribute to a Traditional IRA?  YES  NO If YES, please enter amount \_\_\_\_\_
4. Did you own a home?  YES  NO If YES, did you rent this home to others?  YES  NO

### **IV. DID YOU HAVE HEALTH INSURANCE EVERY MONTH OF 2015? YES NO**

### **V. DIRECT DEPOSIT & DIRECT DEBIT**

1. Do you want your refund directly deposited into your account? [ ] YES [ ] NO
2. Do you want the amount owed to be directly withdrawn from your account? [ ] YES [ ] NO

This is the fastest way to get your refund. Attach a VOIDED CHECK, write in your bank ROUTING NUMBER # \_\_\_\_\_

and your PERSONAL BANK ACCOUNT NUMBER # \_\_\_\_\_

### **VI. NOTE / ISSUES**

Privacy Act - The authority for requesting this information is found in 5 U.S.C. 301. While providing this information is voluntary, your refusal to provide the requested information may preclude the tax center staff from being able to assist you.

### **VII. TAXPAYER AUTHORIZATION TO REPORT TAX RETURN INFORMATION TAX YEAR 2015**

In accordance with I.R.C. § 7213 and I.R.C. § 7431, I consent to the release of my tax return and tax return information to be used by the West Point Tax Center and its personnel in reporting their "End of Season Statistics."

\_\_\_\_\_  
Signature