

# CAMP DARBY TAX CENTER INTAKE SHEET

**Privacy Act Statement:** AUTHORITY: 10 USC § 3013. PRINCIPAL PURPOSE: To assist USASETAF 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.

Taxpayer's Full Name: \_\_\_\_\_ SSN: 

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(as shown on your Social Security or Taxpayer Identification Card)

Date of Birth: 

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 Your occupation:  Soldier  Other (DESCRIBE): \_\_\_\_\_  
Your occupation is what you do, not your status. Do not write "civilian" or "contractor."

On December 31, 2011, you were:  Single or Legally Divorced  Legally Married  Separated

If married filing Separate, did you live with your spouse at anytime after June 30, 2011?  Yes  No

Spouse Full Name: \_\_\_\_\_ SSN: 

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(as shown on his/her Social Security or Taxpayer Identification Card)

Date of Birth: 

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 Spouse occupation  Soldier  Other (DESCRIBE): \_\_\_\_\_  
Your spouse's occupation is what s/he does, not his/her status. Do not write "civilian" or "contractor."

Mailing address: CMR 426 Box \_\_\_\_\_, APO AE 09613 Other: \_\_\_\_\_

Contact Telephone Number(s) Work: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail address where we can contact you: Official: \_\_\_\_\_ Secondary: \_\_\_\_\_

Sponsor Grade: <input type="checkbox"/> E1 <input type="checkbox"/> E4 <input type="checkbox"/> E7 <input type="checkbox"/> W1 <input type="checkbox"/> W4 <input type="checkbox"/> O1 <input type="checkbox"/> O4 <input type="checkbox"/> O7 <input type="checkbox"/> RET <input type="checkbox"/> E2 <input type="checkbox"/> E5 <input type="checkbox"/> E8 <input type="checkbox"/> W2 <input type="checkbox"/> W5 <input type="checkbox"/> O2 <input type="checkbox"/> O5 <input type="checkbox"/> O8 <input type="checkbox"/> CIV <input type="checkbox"/> E3 <input type="checkbox"/> E6 <input type="checkbox"/> E9 <input type="checkbox"/> W3 <input type="checkbox"/> O3 <input type="checkbox"/> O6	Sponsor Branch: <input type="checkbox"/> Army Soldier <input type="checkbox"/> NAF <input type="checkbox"/> DODDS <input type="checkbox"/> Army Civilian <input type="checkbox"/> AAFES <input type="checkbox"/> Other: _____
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Filing Status:  Single (\$5,800)  Married Filing Separate (\$5,800)  Qualifying Widow/Widower (\$11,600)  
(standard deduction)  Married Filing Joint (\$11,600)  Head of Household (\$8,500)  Can be Claimed by Someone Else (Varies)

**List Dependents You Supported in 2011: (DO NOT LIST YOUR SPOUSE HERE)**

PROVIDE THE FIRST AND LAST NAME OF YOUR DEPENDENT(S) AS SHOWN ON THEIR SOCIAL SECURITY CARD OR TAXPAYER IDENTIFICATION CARD (if you have more than four dependents, provide this information on an additional intake sheet)	DATE OF BIRTH MM/DD/YY	DEPENDENT'S 9 DIGIT SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO YOU (IF OTHER, IDENTIFY THE RELATIONSHIP)	NUMBER OF MONTHS LIVED WITH YOU IN 2011	RECEIVED MORE THAN \$900 OF UNEARNED INCOME IN 2011 (Y/N)
1			<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
2			<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
3			<input type="checkbox"/> Daughter <input type="checkbox"/> Son		
4			<input type="checkbox"/> Daughter <input type="checkbox"/> Son		

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

### DIRECT DEPOSIT INFORMATION

For direct deposit or payment of tax owed, identify your bank routing transit number, account number, and type.

ROUTING NUMBER: 

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YOUR BANK ACCOUNT NUMBER: \_\_\_\_\_  CHECKING  SAVINGS

(please verify your banking information)

## The following are potential credits for you (or your spouse if filing a joint return) for 2011

Buy a home after December 31, 2010 and before May 1, 2011? YES / NO

Live in an area that was affected by a natural disaster? If yes, where: \_\_\_\_\_

Did you itemize your 2010 taxes? YES / NO / UNSURE

### 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: \_\_\_\_\_

If you have any of the following tax situations for 2011, your return will require an appointment. It may be completed as a drop-off service. You will be

Continued on Reverse

contacted by telephone or by email if we require additional information or when your return is complete.

For each category, indicate whether any of the following situations apply to you or your spouse for 2011.

- 1099B or other non-1099DIV capital gain or loss. Provide 1099B with the cost or basis and dates. (1040 Lines 13 or 14/Schedule D)
- Rental real estate. Provide completed Schedule E and prior year returns. (1040 Line 17/Schedule E)
- Schedule K1 income or loss. Provide Schedule K1.
- 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. (1040 Line 12)

**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 2010 or prior years?  No  Yes, the year you last excluded foreign income was: \_\_\_\_\_

Foreign street address \_\_\_\_\_

City, State or Province, Postal code, Country \_\_\_\_\_

Date the foreign residence established \_\_\_\_\_

Employer Name: \_\_\_\_\_

Full employer address: \_\_\_\_\_

Foreign income tax. (1040 Line 47/Form 1116) 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 2011:

- W-2 wage income. (Normal pay or bonuses, 1040 Line 7)
- Student loan repayment (1040 Line 7)
- Combat zone income. (Verify exclusion amount on W-2 and LES)
- 1099-INT interest income. (1040 Line 8/Schedule B)
- 1099-DIV dividends. (1040 Line 9/Schedule B)
- Alimony: Amount: \$ \_\_\_\_\_, (1040 Line 10)
- Other: (Gambling, prizes, discharge of indebtedness, 1040 Line 21)
- Received a First-Time Home Buyer's credit?
- 1099-DIV capital gains & losses. (1040 Line 13/Schedule D)
- 1099R pension or annuity. (1040 Line 16)
- 1099G unemployment. (1040 Line 19)
- 1099 SSA Social Security benefits. (1040 Line 20)
- German *Kindergeld*. (1040 Line 21)
- Alaska Permanent Fund Dividend. (1040 Line 21, \$1305 each)
- 1099 IRA distributions. (1040 Line 15/1099R)

CHECK IF ROLLED OVER INTO QUALIFYING ACCOUNT

### ITEMIZED DEDUCTIONS - SCHEDULE A

Indicate **amounts paid** in 2011:

- Unreimbursed medical expenses/post-tax medical insurance payments. (Line 1) \$ \_\_\_\_\_
- U.S. state/local general sales taxes. (Line 5) \$ \_\_\_\_\_
- Real estate property tax on your primary home, not rental property. (Line 6) \$ \_\_\_\_\_
- Mortgage interest on your primary home, not rental property. (Line 10 or 11) \$ \_\_\_\_\_
- Mortgage insurance premiums. (Line 13) \$ \_\_\_\_\_
- Charitable contributions. (Line 16 or 17) \$ \_\_\_\_\_
- Other. (Casualty/theft; Miscellaneous - job expenses, tax prep fees, safe deposit box, gambling) (Lines 20-23) \$ \_\_\_\_\_

**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 2011:

- Classroom expenses. (max of \$250 per K-12 teacher, counselor, principal, and aide)(1040 Line 23) \$ \_\_\_\_\_
- Unreimbursed travel/lodging expenses to attend Guard/Reserve drills. (1040 Line 24/Form 2106) \$ \_\_\_\_\_
- Moving Expenses (1040 Line 26/Form 3903) \$ \_\_\_\_\_
- Alimony: Recipient SSN: \_\_\_\_\_, (1040 Line 31) \$ \_\_\_\_\_
- IRA account contributions.  Regular  Roth \$ \_\_\_\_\_
- Student loan interest. (1040 Line 33) \$ \_\_\_\_\_

YOU

YOUR SPOUSE

### CREDITS

Indicate **amounts paid** in 2011:

- Post-secondary education tuition and fees. (1040 Line 50/Form 8863; or 1040 Line 34) 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 2011. (1040 Line 53/Form 8839) \$ \_\_\_\_\_
- Estimated tax payments made for 2011. (1040 Line 63) \$ \_\_\_\_\_
- Childcare. (If you paid for childcare for more than four children, provide additional information separately)(1040 Line 48/Form 2441)(SETAF CDC EIN 98-0121828)

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 13; Capital Gain Schedule D Lines 6/14)
- Check if your spouse owes child support arrearages or a state or federal government agency debt. Discuss Injured Spouse Form 8379.

**ACKNOWLEDGMENT AND SIGNATURE.** All information I/we provided on this Intake Sheet is correct. I/We understand that if the Camp Darby Tax Center electronically prepares or files my/our return, my/our tax information may be retained as required by the Internal Revenue Service.

TAXPAYER

Date

SPOUSE

Date