



## Alaska Community Development Corporation

Affordable Housing • Energy Conservation • Housing Rehabilitation • Weatherization

1/25/2018

3 pages

# FREE

## State Weatherization Grants



The Weatherization Program is coming back to  
**King Salmon and Naknek in 2018**

We would appreciate your help posting the attached fliers or contacting any household that may have missed out earlier on the program. We need at least 2 households that meet the income guidelines below.

### Combined Taxable Income Cannot Be More than:

AREA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
King Salmon	\$59,430	\$67,920	\$76,410	\$84,900	\$91,692	\$98,484	\$105,276	\$112,068
Naknek	\$66,500	\$76,000	\$85,500	\$95,000	\$102,600	\$110,200	\$117,800	\$125,400

Their homes cannot have been weatherized by BBHA or been improved by an Energy Rebate from AHFC after April 2008.

If you would like to distribute applications or have any questions, please call (800) 478-8080 or email [ltice@alaskacdc.org](mailto:ltice@alaskacdc.org).

Applicants need to submit a completed application by  
**February 28, 2018**

Thank you for your assistance.

# Alaska Business Development Center 2018 Volunteer Tax and Loan Program

## Free tax preparation available through ABDC's Mail-in Site!

1. Contact ABDC for instructions
2. Complete Intake forms
3. Collect all tax forms
4. Mail or Fax all documents to ABDC

### Items you need (for yourself, spouse and dependents):

- Social Security Card
- State Issued ID or Tribal ID
- All W2s
- All 1099s
- All fishing income statements
- All other tax documents received

Instructions and forms are also available at  
[www.abdc.org/taxforms](http://www.abdc.org/taxforms)

**For questions or further information contact  
ABDC at (907) 562-0335**

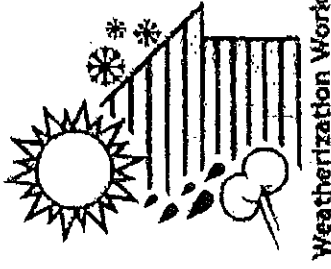
**Sponsored by:** Alaska Division of Economic Development, Bristol Bay Native Corporation, Denali FCU, GCI, Key Bank, State Farm Foundation, Volunteer Income Tax Assistance, Wells Fargo

**FREE TAX PREPARATION**





# State of Alaska Free Home Weatherization Grants!



Weatherization Works

**In Alaska's harsh climates, home weatherization can improve energy savings and comfort.**

Alaska Community Development Corporation (Alaska CDC) will assess your home's energy-efficiency problems and fix them for you (as funding is available). Our assessor will inspect your home, determine eligible improvements (per state/federal Program guidelines), order and ship materials, and hire an expert weatherization contractor to do the work.

Alaska CDC is a non-profit serving Alaskans since 1979

**Apply before February 28, 2018!**

**To qualify for a Weatherization grant:**

**Household Members**      **Naknek Taxable Income**

1	\$66,500
2	\$76,000
3	\$85,500
4	\$95,000
5	\$102,600
6	\$110,200
7	\$117,800
8	\$125,400

We review taxable income and don't count the PFD! (See the application for other income exclusions.)

- Alaska CDC must verify who owns your home and who lives there. (See the application for requirements.)
- At least one household member must live in the home year-round, especially in winter.
- Your household's combined 2017 income can't exceed the income limit. (See the application for income proofs.)
- For tenants, the landlord must give permission to assess the home and authorize the proposed work. In some cases, the landlord *might* be asked to help pay for some of the work.
- Other restrictions apply.



*This program is funded by Alaska Housing Finance Corporation and the U.S. Dept. of Energy*

Alaska CDC 1517 S. Industrial Way, #8, Palmer, AK 99645 800 478-8080 alaskacdc.org



## ALASKA BUSINESS DEVELOPMENT CENTER, INC

840 K Street, Suite 202 • Anchorage, Alaska 99501  
(907) 562-0335 • Fax: (907) 562-6988 • [www.abdc.org](http://www.abdc.org)

**VTLP** Proudly Serving Rural Taxpayers for More Than 20 Years



January 2018

Dear Representative,

The Alaska Business Development Center has partnered with Bristol Bay Native Corporation again this year to make tax preparation services available to the residents of your community through ABDC's Volunteer Tax and Loan Program's Mail-In site.

Services are **FREE** to community residents.

Enclosed are packets with forms and instructions for taxpayers to receive tax assistance. If additional forms are needed please make copies, or visit ABDC's website at [www.abdc.org/taxforms](http://www.abdc.org/taxforms) to print additional forms.

Services Available: Current year, prior year and amended tax return preparation

Simple Process:

- a. Taxpayer completes the required forms
- b. Taxpayer sends completed forms and tax documents to ABDC
- c. ABDC communicates with taxpayer with questions and to review return
- d. Taxpayer signs authorization for ABDC to e-file return

Taxpayer Benefits:

- a. Receive IRS refunds or credits due
- b. Avoid any potential interest or penalties
- c. File prior year returns; late is better than not at all!

If you have any questions, please do not hesitate to e-mail [taxassistant@abdc.org](mailto:taxassistant@abdc.org) or call ABDC at (907) 562-0335.

Sincerely,  
Alaska Business Development Center  
Volunteer Tax & Loan Program

1/25/18  
LH



## ALASKA BUSINESS DEVELOPMENT CENTER, INC

840 K Street, Suite 202 • Anchorage, Alaska 99501  
(907) 562-0335 • [www.abdc.org](http://www.abdc.org)



**VTLP** Proudly Serving Rural Taxpayers for More Than 20 Years

### Instructions for Mail-In Tax Returns

1. Complete the *Intake/Interview & Quality Review Sheet*, the *Supplemental Information Sheet* and the *Form 14446*. List dependents on the *Supplemental Information Sheet*. You may leave Part II Section 2 on the *Intake/Interview & Quality Review Sheet* blank. Sign the Form 14446.
  - a. Make sure to put the correct information and all phone numbers where you may be reached for any additional information needed.
  - b. Make sure **ALL NAMES** match **EXACTLY** as they appear on the Social Security cards issued by the Social Security Administration.
  - c. Get your refund faster! Sign up for direct deposit of your refund by including your bank routing number, account number and specify Checking or Savings. Allow 21 days from the date taxes are E-filed with the IRS to receive refunds.
2. Include copies of **ALL** Forms W-2, Forms 1099, any dividend income, Social Security benefits and PFD information. All income must be reported even if you did not receive a form.
3. **If you are a fisherman:** You will need to complete a *Commercial Fishing Information Sheet*, either the Captain Form or Crewmember Form. Enter your expenses on this Form. Attach a copy of your settlement sheets and/or crew share information and send them in with your other tax information. **DO NOT SEND IN RECEIPTS FOR YOUR COMMERCIAL FISHING EXPENSES!**
4. **If you owned a small business, or received a Form 1099-MISC for “Non-Employee Compensation”** and had expenses you would like to deduct, you will need to complete a *Small Business Owner Information Sheet*. Please enter expenses on this sheet. **DO NOT SEND IN RECEIPTS FOR YOUR BUSINESS EXPENSES!**
5. Make a copy of your picture ID.
6. Make a copy of Social Security cards for everyone listed on the Intake and Supplemental Information Sheets.
7. Mail all documents to the following address:

Alaska Business Development Center  
Attn: ABDC VITA SITE  
840 K Street, Suite 202  
Anchorage, AK 99501

**Or fax to: 866-747-5801.**

**Wait 20 minutes then call 907-562-0335 to verify that your fax has been received.**

If you would like to speak to a tax assistant, e-mail [taxassistant@abdc.org](mailto:taxassistant@abdc.org) or call (907) 562-0335 Monday - Friday from 9:00 AM to 4:00 PM.

Additional forms are available at [www.abdc.org](http://www.abdc.org).

**Virtual VITA/TCE Taxpayer Consent**

This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process this site will use to prepare the taxpayer's return. If applicable, taxpayers must also be advised of all procedures and the associated risk if their data will be transferred from one site location to another site location (using process C or D).

**Part I - To be completed by the VITA/TCE site: Main/Intake site name: Alaska Business Development Center**

Site address: 840 K Street, Suite 202, Anchorage, Alaska 99501

Site identification number (SIDN): 64117282

Site Coordinator: Gary Burleson Site contact name: Gary Burleson

Site contact telephone number: 907-562-0335

**This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:**

- A. Temporary VITA/TCE Contingency Plan:** This site uses a temporary drop off process when there are internet shut downs, software outages, or if sufficient certified preparers/quality reviewer(s) are not available on-site.
- B. Drop Off Site:** This site uses a drop off process which includes the site maintaining personal identifiable information (social security numbers, Form W-2, etc.) to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site will explain the method it will use to contact you if additional information is needed to prepare and/or quality review the tax return.
- C. Intake Site plus a Return Preparation and/or Quality Review Site:** This method includes the taxpayer leaving their personal identifiable information (social security numbers, Form W-2 and other documents) at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer will come back to the intake site for the quality review or to sign the completed tax return. If necessary, the site will explain the method they will use to contact the taxpayer if additional information is needed while preparing or quality reviewing the tax return. Your personal information will be transferred to the other location by: E-mail Fax Mail Other (explain)
- D. Other Approved Method (explain):** Your return will be prepared face to face at the travel site. Your prepared return and your information will be hand carried to the main site for quality review. The quality reviewer will contact you by telephone if necessary.

**Site Contact Information (site information for the site that will receive the taxpayers information to prepare and/or quality review their tax return, if known)**

Site address: 840 K Street, Suite 202, Anchorage, Alaska 99501

Site identification number (SIDN): 64117282

Site Coordinator: Gary Burleson Site contact name: Gary Burleson

Site contact telephone number: 907-562-0335

**This form will be maintained at the site with all other required documents.****Part II: The Process: During the Intake Process you will need to:**

- Sign this Form 14446.
- Complete the Form 13614-C, Intake/Interview & Quality Review Sheet.
- Have all required information/documentation necessary to prepare an accurate tax return.
  - o Picture Identification for yourself and spouse (if applicable).
  - o Forms W-2, 1099 and/or any other income documents to support Income, Expenses and Life Events listed on Form 13614-C.
  - o Social security cards (or other allowed social security verification documents) or Individual Tax Identification Numbers for you, your spouse and potential dependents (if applicable).
  - o Any other documents required to prepare an accurate return.
- Participate in an interview with the volunteer to address all of the information provided on Form 13614-C to ensure the preparer will have everything they need to prepare your tax return.

**During the Return Preparation Process:**

- If necessary, you may be contacted for additional information. If so, please follow the plans used to contact each other to ensure you are talking to the appropriate site contact and they are discussing your return information with you.
- If the preparer has everything required to prepare the return, you will not be contacted until the return is completed.

**During the Quality Review Process you (and your spouse if applicable) will have to:**

- Participate during the Quality Review process.
- Review your completed tax return to ensure the names, social security numbers, address, banking information, income, expenses are correct. This is important because you and your spouse (if applicable) are ultimately responsible for all of the information on the tax return.
- Sign Form 8879, *IRS e-file Signature Authorization*, after Quality Review is completed.

**Part III: Taxpayer Consents: Request to Review your Tax Return for Accuracy:**

- To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

Yes No

**Request to use the Virtual VITA/TCE Process:**

- If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return today.

Printed name		Date		Printed name (Spouse if Married Filing Joint)		Date	
Date of birth	Social Security/ITIN Last 4 digits-	Telephone number	Date of birth	Social Security/ITIN Last 4 digits-	Telephone number		
Signature				Signature			
Email address				Email address			





**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](mailto: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 as a dependent? <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 <input type="checkbox"/> Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II - Marital Status and Household Information**

1. As of December 31, 2017, were  Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

you:

- Married
- Divorced
- Legally Separated
- Widowed

a. If Yes, Did you get married in 2017?  
 Yes  No

b. Did you live with your spouse during any part of the last six months of 2017?  
 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

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

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 12/31/17 (SAM)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	To be completed by a Certified Volunteer Preparer						
									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)							



Part III - Income - Last Year, Did You (or Your Spouse) Receive		If yes, how many jobs did you have last year?	
Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay		If yes, do you have the recipient's SSN?		IRA (A)		401K (B)		Roth IRA (B)		Other	
Yes	No	Unsure		Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Student loan interest? (Form 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part V - Life Events - Last Year, Did You (or Your Spouse)		If yes, for which tax year?	
Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) or other credits disallowed in a prior year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

**Check appropriate box for each question in each section**

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as, income, marital status or family size changes, to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

**To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)**

Name (List dependents in the same order as in Part II)	MEC Entire Year	No MEC	Part Year MEC (mark months with coverage)	Exemption (mark months exemptions applies)	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

**Part VII - Additional Information and Questions Related to the Preparation of Your Return**

- Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)
  - Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
 

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse
  - If you are due a refund, would you like:
    - Direct deposit  Yes  No
    - To purchase U.S. Savings Bonds  Yes  No
    - To split your refund between different accounts  Yes  No
  - If you have a balance due, would you like to make a payment directly from your bank account?  Yes  No
  - Have you or your spouse received any letters from the Internal Revenue Service?  Yes  No
- Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.**
- Other than English, what language is spoken in your home?  Prefer not to answer
  - Do you or any member of your household have a disability?  Yes  No  Prefer not to answer
  - Are you or your spouse a Veteran from the U.S. Armed Forces?  Yes  No  Prefer not to answer
- Additional comments

**Part VIII – IRS-Certified Volunteer Quality Reviewer Section**

**Review the tax return with the taxpayer to ensure:**

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer are certified to prepare/review this return and return is within scope of the program.
- All questions in Parts I through VI have been answered.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and entered on the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in Part III was correctly transferred to the tax return.
- Adjustments to income, such as student loan interest, IRA contributions, self employment tax, were verified and are correct.
- Standard or Itemized Deductions are correct.
- All credits are correctly reported.
- All applicable provisions of ACA were considered for each person named on the tax return and were entered correctly.
- Any Shared Responsibility Payments are correct.
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- SIDN is correct on the return.
- The taxpayer(s) was advised that they are responsible for the information on their return.

Certified Volunteer Preparer's name/initials (optional)

Certified Volunteer Quality Reviewer's name/initials (optional)

Additional Tax Preparer notes

**Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

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 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion 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