



**TAXPAYER INFORMATION SHEET**  
**ABDC'S VOLUNTEER TAX & LOAN PROGRAM**



**TAX YEAR: 20\_\_\_\_\_**

**Grey areas are for preparer's use only**

**You will need:** 1) Valid picture I.D. 2) Social Security cards for you, your spouse and all dependents 3) Copies of all W-2's and 1099's for you, your spouse and all dependents 4) Any other income for you, your spouse and all dependents 5) All other pertinent tax documents

<b>1. Taxpayer &amp; Spouse Information</b>				Taxpayer SSN
Taxpayer: First Name & M.I. _____	Last Name _____	Social Security Number _____		
Spouse: First Name & M.I. _____	Last Name _____	Social Security Number _____		
<b>Taxpayer</b>	<b>Spouse</b>			
Date of Birth: _____	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: _____	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
US Citizen or Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen or Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Totally & Permanently Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Totally & Permanently Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Can someone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		d. Did you pay more than half the cost of keeping up the home for the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Were you legally married as of Dec. 31? <input type="checkbox"/> Yes <input type="checkbox"/> No		e. Did your Spouse die within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Were you living with your spouse on or after June 30? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was the date of death? _____		

<b>2. Contact Information</b>
Mailing Address: _____
City/State/Zip: _____
Day/Eve. Phone: _____ / _____
Fax: _____

<b>3. Filing Status</b>
<input type="checkbox"/> Single
<input type="checkbox"/> Married Filing Jointly (even if only one had income)
<input type="checkbox"/> Married Filing Separately (must fill-in spouse information in box 1)
<input type="checkbox"/> Head of Household

<b>4. Job Information</b>
Please list your work title. _____
Taxpayer: _____
Spouse: _____

<b>5. Direct Deposit Banking Information</b>
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing # or Name: _____
Account #: _____

<b>6. Income Information- please check the correct box for the taxpayer, spouse or neither</b>											
			Taxpayer	Spouse	Neither				Taxpayer	Spouse	Neither
a. Received an Alaska PFD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Received native dividend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
b. Alaska PFD was taken away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Received tax-free assistance (food stamps, ATAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
c. Received wages or salary (reported on W-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Received a pension or IRA distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
d. Received tip income (i.e. from waitressing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Received Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
e. Received interest/dividends from checking or savings account, bonds, CDs or brokerage account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Received payments from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
f. Received payments from the rental of personal property or real estate? If yes indicate what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If so, was it SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/>
If yes, please indicate what was rented. (examples: ATV, snow machine, room in house, etc)	_____			l. Received gambling winnings, jury duty pay, alimony or cancelled debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				m. Had income reported on a 1099 MISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				If so, what did you do to earn it? (council meetings, fishing etc.)	_____						<input type="checkbox"/>

<b>IN VILLAGE</b>					<b>IN OFFICE</b>				
<b>1099</b>	1099 MISC Payer _____	Amount _____	Box # _____	Box # _____	Preparer's Initials _____	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper			
	1099 MISC Payer _____	Amount _____	Box # _____	Box # _____	Date 8879 & Tax Return Sent to TP _____				
<b>Preparer</b>	Preparer's Initials _____	<b>NOTES:</b>			<b>E-FILE</b>	(1) E-file Date _____	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date _____
<input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Taxpayer Spreadsheet				(2) E-file Date _____	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date _____		

## 7. Household Composition

**a. Dependents:** List all dependents who lived in your home & any dependents who lived outside your home that you supported. **DO NOT** include yourself or your spouse.

Full Name Must match Social Security Card (List <b>youngest</b> to <b>oldest</b> )	Age	Birth Date (mm/dd/yyyy)	Social Security Number	Relationship to You	Months person lived with you last year	Did you provide more than 50% support (Y/N)	US Citizen, Resident of US, Canada, Mexico (Y/N)	Full time student or disabled? (Y/N)	PFD? (Y/N)	If dependent had income other than PFD please indicate type. (Native Corp Div, W-2, fishing, Social Security, etc.)

Can anyone else claim any of these dependents on their income tax return?  Yes  No

If **yes**, which dependen(s)? \_\_\_\_\_

**b. Other household members:** List anyone else that lived in your home that are not dependents (Mother, Father, Grandparents, Aunt, Uncle, friend etc.)

Name	Relationship to You	Name	Relationship to You

## 8. Other Information

- a. Have you or your spouse ever had the Earned Income Credit denied by the IRS?  Yes  No
- b. Do you own and operate your own business, or are you a commercial fisherman?  Yes  No  
If **yes**, please circle: **Small Business/ Captain/ Crew**  
Also, you must complete a **Commercial Fishing Information Sheet** or **Small Business Owner Sheet**.
- c. During the year, did you have a job-related move?  Yes  No
- d. Did you receive the Economic Stimulus Payment from the IRS? *Answer "Yes" if it was garnished.*  Yes  No  
If **yes** please write the amount that was recieved \_\_\_\_\_

## 9. Expenses

- a. Did anyone in your family have expenses from attending college or vocational school?  Yes  No
- b. Did you or your spouse pay interest on student loans?  Yes  No
- c. Did you or your spouse make contributions to an IRA, 401k or other retirement account?  Yes  No
- d. Did you or your spouse make alimony payments? If yes, you must provide the name and SSN of the recipient.  Yes  No
- e. Did you or your spouse pay for childcare services during the tax year that allowed you to work?  Yes  No
- f. Please provide the **Paid Childcare Giver Information** (mandatory if you are claiming childcare expenses):
- Name of Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Provider Tax Identification/Social Security Number: \_\_\_\_\_
- g. Did you or your spouse own your home and pay interest on a mortgage?  Yes  No
- h. Did you have un-reimbursed medical expenses for anyone in your household?  Yes  No
- i. Did you or your spouse make contributions to charitable organizations?  Yes  No
- j. Did you purchase a home during the tax year?  Yes  No

## 10. Taxpayer Authorization

My signature below indicates that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date