



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



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

**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

**1. Taxpayer Information**

**Taxpayer:** First Name & M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

a. Date of Birth: \_\_\_\_\_ c. Totally & Permanently Disabled?  Yes  No

b. Legally Blind?  Yes  No d. US Citizen or Resident Alien?  Yes  No

e. Your Occupation: \_\_\_\_\_

**2. Spouse Information**

**Spouse:** First Name & M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

a. Date of Birth: \_\_\_\_\_ c. Totally & Permanently Disabled?  Yes  No

b. Legally Blind?  Yes  No d. US Citizen or Resident Alien?  Yes  No

e. Spouse Occupation: \_\_\_\_\_

Taxpayer  
SSN

**3. General Information**

a. Can someone claim you or your spouse as a dependent?  Yes  No

b. Were you legally married as of December 31?  Yes  No  
If yes, did you live with your spouse after June 30?  Yes  No

c. Did your spouse die within the last two years?  Yes  No  
If yes, what was the date of death? \_\_\_\_\_

d. Did you pay more than half the cost of keeping up the home for the year?  Yes  No

e. Other than English, any other language(s) spoken?  Yes  No  
If yes, what language(s)? \_\_\_\_\_

f. Are you or your spouse a government retiree?  Yes  No

**4. Contact Information**

Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Work/Message Phone: \_\_\_\_\_

**5. Filing Status (Tax Preparer Use Only)**

- Single
- Married Filing Jointly (even if only one had income)
- Married Filing Separately (must fill-in spouse information in box 2)
- Head of Household

**6. Banking Information**-Will be used for the direct deposit of refunds.

a. Account Type:  Checking  Savings      b. Account #: \_\_\_\_\_

c. Bank Routing # or Name: \_\_\_\_\_

**7. Income Information**-Please answer the following questions. Did you or your spouse...

a. Receive an Alaska PFD?  Yes  No

b. Have your Alaska PFD taken away?  Yes  No

c. Receive wages or salary (reported on a W-2)?  Yes  No

d. Receive tip income (i.e. from waitressing)?  Yes  No

e. Receive Exxon settlement payment?  Yes  No

f. Receive interest/dividends from checking or savings accounts, bonds, CDs, or brokerage accounts?  Yes  No

g. Receive a native dividend?  Yes  No  
If yes, list the corporation below: \_\_\_\_\_

h. Receive a pension or IRA distribution?  Yes  No

i. Receive Unemployment Compensation?  Yes  No

j. Receive payments from Social Security?  Yes  No  
If yes, was it SSI/disability?  Yes  No

k. Receive gambling winnings, jury duty pay, alimony, or cancelled debt?  Yes  No

l. Receive a scholarship?  Yes  No

m. Receive rental income?  Yes  No

n. Had income reported on a 1099 MISC?  Yes  No  
If yes, what did you do to earn it? \_\_\_\_\_

Grey Area for Preparer Use Only						
1099	1099 MISC Payer	Amount	Box #:	Taxpayer Spreadsheet Electronic	<input type="checkbox"/>	Preparer's Initials: _____
	1099 MISC Payer	Amount	Box #:	Paper	<input type="checkbox"/>	
				Mail/Fax Form 8879		

*Questions Continue on Back Side*

### 8. Household Composition

**a. Dependents:** List all dependents who lived in your home and 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 to 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.)

Were any of the above dependents married as of 12/31/09 or can anyone else claim any of them as dependents on their tax return?  Yes  No

If **yes**, which dependent(s) were married? \_\_\_\_\_ Claimed on another tax return? \_\_\_\_\_

**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

### 9. Other Information-During the tax year, did you or your spouse...

- a. Own or operate your own business, or are you a commercial fisherman?  Yes  No  
If **yes**, please circle: **Small Business/ Captain/ Crew** (Then complete a *Fishing Information* or *Small Business Owner Sheet*)
- b. Hold a limited entry permit?  Yes  No
- c. Work at the local store, cannery, fuel depot or CDQ?  Yes  No
- d. Have a foreclosure or did the bank cancel any part of your mortgage loan?  Yes  No
- e. Had the Earned Income Credit denied by the IRS in previous years?  Yes  No
- f. Make estimated tax payments?  Yes  No
- g. Move during the year?  Yes  No
- h. Receive an Economic Recovery Payment from Social Security Administration, Railroad Retirement Board or Veterans Administration? If **yes**, how much?  \$250  \$500  Yes  No
- k. Live in an area that was affected by a natural disaster?  Yes  No
- l. Make estimated tax payments or apply last year's refund to your 2009 tax? If **yes**, amount \_\_\_\_\_  Yes  No

### 10. Expenses-During the tax year did you or your spouse...

- a. Purchase a home during the tax year? If **yes**, closing date \_\_\_\_\_  Yes  No
- b. Pay real estate taxes?  Yes  No
- c. Own your home and pay interest on a mortgage?  Yes  No
- d. Make energy improvements to your home (replace windows, doors, insulation etc.)?  Yes  No
- e. Have expenses from attending college or vocational school for anyone in your household?  Yes  No
- f. Pay interest on student loans?  Yes  No
- g. Make contributions to an IRA, 401(k) or other retirement account?  Yes  No
- h. Make contributions to any charitable organizations?  Yes  No
- i. Have un-reimbursed medical expenses for anyone in your household?  Yes  No
- j. Make alimony payments? If **yes**, you must provide the name and SSN of the recipient.  Yes  No
- k. Buy a brand new vehicle? If **yes**, date of purchase: \_\_\_\_\_  Yes  No
- l. Purchase classroom supplies, if you are a teacher?  Yes  No
- m. Pay for childcare services during the tax year that allowed you to work?  Yes  No

If **yes**, please provide the **Paid Childcare Giver Information** if you want to claim the childcare credit.

Name of Caregiver: _____
Address: _____
City/State/Zip: _____
Provider Tax Identification/Social Security Number: _____

### 11. 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