

**You will need:**

- Tax Information such as Forms W-2, 1099, 1098.
- 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	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name	M.I.	Last name	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address	Apt #	City	State	ZIP code
4. Telephone number(s)	Email address (optional)			
5. Your Date of Birth	6. Your job title	7. 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
8. Your spouse's Date of Birth	9. Your spouse's job title	10. 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
11. Can anyone claim you or your spouse on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. 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 of last year,  Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) were you:  Married  Divorced or Legally Separated  Widowed

a. Did you live with your spouse during any part of the last six months of 2014?  Yes  No

b. Was your marriage recognized under the laws of the state(s) you are filing in?  Yes  No  Unsure

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Date of final decree or separate maintenance agreement \_\_\_\_\_

2. List the names below of:

- everyone who lived with you last year (other than you or 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

**To be completed by a Certified Volunteer Preparer**

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 12/31/14 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Can this person be claimed by someone else as a dependent on their return? (yes/no)	Did this person provide more than 50% of their own support? (yes/no)	Did this person have less than \$3950 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no)	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)					

**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) or call toll free 1-877-330-1205**

Yes No Unsure Check appropriate box for each question in each section

**Part VI: Health Care Coverage (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents? (Forms W-2, 1099 SSA and Form 1095 series)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly health care payments? (Form 1095A)

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

If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, 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 the health care coverage status for everyone listed on the return)					
	Had Health Care Coverage	(B) For the Entire year (12 months)	(B) For part of the year (Less than 12 months)	(B) No Health Care Coverage at all	(B) Qualify for an exemption
Taxpayer					
Spouse					
Dependent number 1 (page 1)					
Dependent number 2 (page 1)					
Dependent number 3 (page 1)					
Dependent number 4 (page 1)					

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

1. 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

2. If you are due a refund, would you like:

- a. Direct deposit  Yes  No
  - b. To purchase U.S. Savings Bonds  Yes  No
  - c. To split your refund between different accounts  Yes  No

3. If you have a balance due, would you like to make a payment directly from your bank account?  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.**

- 4. Other than English, what language is spoken in your home?  Prefer not to answer
- 5. Are you or a member of your household considered disabled?  Yes  No  Prefer not to answer

Additional comments