

FOR OFFICE USE ONLY

Screening Checklist: Name _____

- Yes No Process: I explained the clinic process to the taxpayer.
- Yes No **SSN/ITIN:** I viewed the SSN card or the ITIN letter for all persons listed on the IRS Intake sheet or all names and SSN/ITIN are listed on a prior year return.
- Yes No **Picture ID:** I viewed the taxpayer's (spouse) proof of identity.
- Yes No **Income Guidelines:** Asked if the taxpayer's income is below \$35,000 (individuals) or \$67,000 (family or self-employed.)
- Yes No **Spouse presence:** I informed taxpayer that the spouse is required to be present if filing a joint return.
- Yes No **Customer Envelope:** For each tax year, I wrote taxpayer name on envelope. I placed all forms and identification forms in the envelope.
- Yes No **TCCAP Consent form:** Taxpayer (spouse) signed the consent form on the previous page.
- Yes No I completed the screening tool.

Preparation Checklist: Name _____

- Yes No Screening checklist and screening tool completed. If not, complete them.
- Yes No **Taxpayer interview:** I conducted an interview and verified information on pages 1, 2 and 3 of IRS intake sheet and page 1 of TCC intake sheet.
- Yes No **Intake Sheets:** All questions on both intake sheets are answered yes or no. (Unanswered or unsure responses are corrected to yes or no.)
- Yes No **SSN or ITIN:** for all persons listed on the return, I printed their name and SSN/ITIN on page 4 of IRS intake sheet and included documentation in the customer envelope.
- Yes N/A **Disability:** If disabled or blind, I checked box on main information Sheet in TS. (See IRS intake sheet, page 1, boxes 6 or 9)
- Yes N/A **Dependency:** If taxpayer is claimed as a dependent on another return (see IRS intake sheet, page 1, #10). I checked box 6a on the main Information sheet in TS.
- Yes N/A **MN Household Income:** I included public benefits (Form M1PR, Schedules M1ED, and M1CD) and scholarships (MN Additional Income Worksheet) on the state tax forms.
- Yes No **Financial Services:** I informed the taxpayer of savings, direct deposit and split refund options.
- Yes N/A **Direct Deposit or Debit:** Documentation of routing/account information included in envelope or written on page 3 of IRS intake form.
- Yes No **Paper File:** Taxpayer chose to paper file.

Review Checklist: Name _____

- Yes No Screening and preparation checklists are completed (if not, preparer or reviewer must complete).
- Yes N/A **Disability:** If disabled or blind, I checked box on Main information sheet in TS. (See IRS intake sheet, page 1, boxes 6 or 9)
- Yes No **Dependency:** If taxpayer is claimed as a dependent on another return (see IRS intake sheet, page 1, #10). I checked box 6a on the main Information sheet in TS.
- Yes N/A **MN Household Income:** I included public benefits (Form M1PR, Schedules M1ED, and M1CD) and scholarships (MN Additional Income Worksheet) on the state tax forms.
- Yes N/A **Multiple CRPs:** If 2+ CRPs, I checked for overlapping dates. If overlapping, CRP dates and rent paid amounts are adjusted in TS.
- Yes No **E-File Selected:** I verified that the e-file box is checked "yes" on M1 and M1PR or checked "no" for paper file.
- Yes N/A **Paper Return:** I assembled paper return and included envelopes for mailing.
- Yes No **Tax Return Log:** I recorded taxpayer data on the Tax Return Log.
- Yes No I entered refunds or (balance due) on envelope
Refund or (balance due) Changed:
Federal _____ MN _____ Property _____
Why? _____

Check-out Checklist: Name _____

- Yes No **Documents Returned:** I returned SSN cards, ITIN letters, photo IDs and original documents to the taxpayer.
- Yes No **Refund Amount or (balance due):** I showed taxpayer their refund or (balance due). If the expected refund changed and there were questions, I explained why the change occurred.
- Yes No **Main Information Sheet:** Taxpayer reviewed and verified name, SSN/ITIN, address and phone number.
- Yes N/A **Direct Deposit:** Taxpayer reviewed and verified account/routing numbers on Form 1040, line 76, Form 8888, or Form M1PR, page 2.
- Yes No **Signature:** I informed taxpayer (spouse) that by signing, he/she agrees the return is true, correct and completed and he/she is responsible for their own return.
- Yes N/A **E-File return (2024, 2023, and 2022):** Taxpayer (spouse) signed Form 8879 to be kept at the TCC Tax office.
- Yes No **Paper return (2021 and prior)** Taxpayer (spouse) signed tax return and received envelopes and instructions to mail return to IRS and MN revenue. Intake Paperwork kept at the TCC Tax office.
- Yes No **Questions:** I asked the taxpayer if he/she had questions and addressed accordingly.
- Yes No **Customer Envelope(s):** I gave the taxpayer the customer envelope with a copy of their tax return and documentation.



TAX INTAKE SHEET

Please fill out the first two pages and sign and date the two Consent to Disclose and Use sections on page 3.

MINNESOTA TAX INFORMATION

Check "Yes", "No", or "Unsure" below. Check "Yes" if you and/or your spouse received this type of payment. These amounts are used to calculate Minnesota credits. **Do not include:** child support, amounts received by dependents, Supplemental Nutrition Assistance Program (SNAP, food stamps) benefits, or Energy Assistance.

Yes No Unsure	To be completed by tax preparer
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Workers' Compensation	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scholarship, fellowship, grants for college	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Veteran's Benefits (Retirement or Disability)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rent reduction received for being a caretaker	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MN Family Investment Program (MFIP)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MN Supplement Aid (MSA)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General Assistance (GA)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Group Residential Housing (GRH)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emergency Assistance (EA)	\$ _____ per month or year
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diversionary Work Payments (DWP)	\$ _____ per month or year

ADDITIONAL SITUATIONS IMPACTING THE MINNESOTA RETURN

- Did you pay education expenses in 2025 for your child attending grades K-12?
- Did you have a child born in 2025?
- Did you receive MN Advanced Child Tax Credit payments in Aug, Oct & Dec 2025?
- Did you make Minnesota Estimated Income Tax payments in 2025 \$ _____
- Were you a resident of Minnesota the entire year?
- Renter: Do you have a Certificate of Rent Paid (CRP)?
- Renter: Do you have more than one CRP?
- Homeowner: Do you have a statement of Property Taxes Payable in 2026?
- Mobile Homeowner: Do you have a statement of Property Taxes Payable in 2026?
- Homeowner or Mobile homeowner: Do you have any other person living with you that is not a boarder, renter, parent, or other person not listed on your tax return?

MNsure ENROLLMENT

I do not have health insurance and want to learn what choices I have. I give the Minnesota Department of Revenue permission to share some of my tax information with MNsure. MNsure can contact me about free or lower-cost health insurance. (Initial next to choice) Yes _____ No _____ Date: _____

TAXPAYER SURVEY

1. What is the highest level of education completed by:

- | Yourself? | Spouse? |
|---------------------------|---------------------------|
| a) 0-8 | a) 0-8 |
| b) 9-12 | b) 9-12 |
| c) High School Grad | c) High School Grad |
| d) GED | d) GED |
| e) Some College | e) Some College |
| f) 2 yr/Associate Degree | f) 2 yr/Associate Degree |
| g) 4 yr/Bachelor's Degree | g) 4 yr/Bachelor's degree |

2. Do you:

- a) Rent
- b) Own
- c) Temporary Quarters
- d) Homeless
- e) Other

3. What County do you live in?

- a) Morrison
- b) Crow Wing
- c) Todd
- d) Other _____

4. Are you or your spouse a veteran of the US Armed Forces?

- a) Yes
- b) no

5. What type of health insurance is used?

Yourself? _____ **Spouse?** _____
Dependents? _____

(*Please use the associated letter below.)

- a) None
- b) Private / Direct Purchase
- c) VA
- d) Medicare
- e) Medicaid/MA
- f) Through Employer
- g) Other (Please Explain): _____

6. If you would like to designate \$5 to the State Election Campaign, select your party of choice. If you choose the General Campaign fund, the \$5 will be distributed amount the candidates of all major parties listed.

- a) Democratic Farmer-Laborer
- b) Libertarian
- c) Independent
- d) Grassroots
- e) Republican
- f) Legal Marijuana Now
- g) General Campaign Fund
- h) No Contribution

CONSENT TO DISCLOSE AND USE TAX RETURN INFORMATION

Your information will not be shared with any unauthorized persons and will not be sold, given, or used for commercial purposes. We will not share personally identifying information.

If you do not agree to the consents below, TCC Action will not be able to electronically file your return, nor maintain an electronic copy.

1. Consent to Disclose

Disclosure: TCC Action Partnership Inc. may keep an electronic copy of my tax return for three (3) years.

Purpose: To carry forward data for future tax preparation and communicate with me about my tax return or TCC Action Partnership Programs.

Taxpayer #1 (signature): _____ Date _____ Agree _____ Decline _____

Taxpayer #2, Spouse (signature): _____ Date _____ Agree _____ Decline _____

2. Consent to Use

Use: TCC Action Partnership Inc. may use data containing tax return dollar amounts for grant reporting purposes.

Personally identifying information will NOT be shared.

Purpose: to maintain, evaluate and report TCC Action Partnership program services.

Taxpayer #1 (signature): _____ Date _____ Agree _____ Decline _____

Taxpayer #2, Spouse (signature): _____ Date _____ Agree _____ Decline _____

Consent to disclose and use personal tax information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at

complaints@tigta.treas.gov.