

Intake/Interview and 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 1-4 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

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	Best contact 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	Best contact 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: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <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: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <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, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No						
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)						

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?	<input type="checkbox"/> Never Married	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
	<input type="checkbox"/> Married	a. If Yes, Did you get married in 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Did you live with your spouse during any part of the last six months of 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Divorced	Date of final decree _____
	<input type="checkbox"/> Legally Separated	Date of separate maintenance decree _____
	<input type="checkbox"/> Widowed	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

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 12/31/23 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	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,n/a)	Did this person have less than \$4,700 of income? (yes,no,n/a)	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)					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<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? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services 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 or exchange of stocks, bonds, digital assets 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) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<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, digital assets, Sch K-1, royalties, foreign income, etc.)
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<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"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (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"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) 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 credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax 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. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (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"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☐ No If yes, which language? _____
2. 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
3. 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
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No
7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☐ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
10. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
12. Your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
13. Your spouse's race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
☐ No spouse
14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

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

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

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 that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2025.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

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. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

TAX INTAKE SHEET

Preferred name(s): _____
(Taxpayer) (Spouse)

What tax returns do you need prepared? *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> 2023 income taxes | <input type="checkbox"/> Prior year(s): _____ |
| <input type="checkbox"/> 2023 renter or homeowner refund | <input type="checkbox"/> Other: _____ |

TAXPAYER SURVEY

A. How do you identify?

- ☐ African
- ☐ African American or Black
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ Middle Eastern/North African
- ☐ White, Non-Hispanic
- ☐ Multiracial
- ☐ Not listed above, write in: _____

C. What language do you primarily speak at home?

- | | |
|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Oromo | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Not listed above, write in: _____ | |

B. Are you or a member of your household considered a person with a disability?

- ☐ Yes
- ☐ No

D. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Not listed above, write in: _____

STAY IN TOUCH

Get tips and news from Prepare + Prosper year-round! We'll contact you about once a month and we will never share your information. Message and data rates may apply with texting.

- Email _____
- Would you like to receive text messages from us? ☐ Yes ☐ No

DIRECT DEPOSIT AND PAYMENT INFORMATION

If you are getting a refund, how do you want to receive it?

- ☐ I want my refunds deposited in my savings or checking account.
 - ☐ I have my account information with me.
- ☐ I need a new bank account or prepaid card for my refunds.
- ☐ I want to split my federal refund or purchase a U.S. Savings Bond.
- ☐ I want to receive a check in the mail.

If you have a balance due, how do you want to make a tax payment?

- ☐ I need more information so I can pay later.
- ☐ I want the payment to come out of my checking or savings account.



PERMISSION TO USE YOUR INFORMATION

Review the Prepare + Prosper (P+P) Permission to Use Your Information handout and the consents below.

If you choose "no" for any of these consents, P+P cannot e-file your tax return, and you will receive paper copies to sign and mail.

- P+P may keep an electronic copy of my tax return for up to 6 years. ☐ Yes ☐ No
- P+P may use anonymous data containing tax return dollar amounts for marketing, fundraising, or other non-fundraising activity. This allows us to count you in our statistics when we apply for funding or share data with our partners. We do not use personally identifiable information. ☐ Yes ☐ No
- P+P may disclose my tax return information to TaxSlayer (our tax preparation software) to e-file my tax return, and TaxSlayer may disclose my tax return information to P+P for follow-up. ☐ Yes ☐ No

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

MINNESOTA TAX INFORMATION

1. Were you a resident of Minnesota the entire year? ☐ Yes ☐ No

2. Did you make Minnesota estimated income tax payments in 2023? ☐ Yes ☐ No

If yes, how much did you pay? \$ _____

3. Did any of the following situations apply to you or your spouse in 2023? Check boxes below.

- ☐ None of the following situations apply.
- ☐ Made student loan payments ☐ Received an AmeriCorps education award
- ☐ Had a child born in 2023 ☐ Completed a masters degree (teachers only)
- ☐ Experienced a stillbirth ☐ Received military service pension/retirement pay
- ☐ Donated an organ ☐ Contributed to a 529 College Savings Plan
- ☐ Paid for long-term care insurance ☐ Received a sexual harassment/abuse settlement
- ☐ Received a public pension ☐ Earned income while living on an a reservation

4. Did you pay for K-12 school expenses or supplies for your child in 2023? ☐ Yes ☐ No

If yes, did the child attend public, private, or home school? _____

What grades was the child attending in 2023? _____

Volunteer Notes

RENTERS AND HOMEOWNERS ONLY



Answer the questions below if you are a renter or homeowner.
Stop here if you are not a renter or homeowner.

1. Check boxes below if you or your spouse received any of the following nontaxable sources of income. Do not include income received by your child or any dependents.

☐ I did not receive any nontaxable sources of income.

☐ MSA (MN Supplemental Aid) \$_____per month or year

☐ SSI (Supplemental Security Income) \$_____per month or year

☐ MFIP (Minnesota Family Investment Program) \$_____per month or year

☐ GA (General Assistance) \$_____per month or year

☐ Emergency Assistance \$_____per month or year

☐ Housing Support (formerly GRH) \$_____per month or year

☐ Workers' compensation \$_____per month or year

☐ Student loan debt cancelled \$_____per month or year

☐ Rent reduction received for being a caretaker \$_____per month or year

☐ Scholarship, fellowship, grants for college \$_____Box 5 on Form 1098-T

☐ Other nontaxable income, such as: \$_____per month or year

Diversionary Work Payments, HAMP incentives,
refugee cash assistance, strike benefits, foster
care payments. **Do not include:** Child support,
SNAP/food support, or energy assistance.

Type(s): _____

2. Did you rent out part of your home or use it for business?

☐ Yes ☐ No

3. Renters: Do you have all of your Certificate(s) of Rent Paid (CRP)?

☐ Yes ☐ No ☐ Not yet ☐ Not applicable

4. Homeowners/mobile home owners: Do you have your 2023 Property Tax Statement?

☐ Yes ☐ No ☐ Not yet ☐ Not applicable

5. Homeowners/mobile home owners: Did you live with someone who is not listed on your tax return?

☐ Yes ☐ No ☐ Not applicable



STOP HERE! THIS SECTION IS FOR TAX PREPARER USE!

Refund Allocations - State refunds will be deposited into Bank Account 1.

Bank Account 1 Amount \$ _____

☐ Same account for all refunds

Refund Notes:

Bank Account 2 Amount \$ _____

Bank Account Documentation

- ☐ Not documented; paper check requested or no refund.
- ☐ Printed document with account information like a voided check or account statement *(included with paperwork for review and do not write below)*.
- ☐ No printed documentation, but customer has information and wrote it below.

Account 1 Routing number: _ _ _ _ _

Account 1 Account number: _____

Account 1 type

- ☐ Savings account
- ☐ Checking account

Account 2 Routing number: _ _ _ _ _

Account 2 Account number: _____

Account 2 type

- ☐ Savings account
- ☐ Checking account

U.S. Savings Bonds - Bonds must be purchased in \$50 increments with a federal refund.

Bond for taxpayer: _____

Amount: _____

Bond for someone else: _____

Amount: _____

Bond for someone else: _____

Amount: _____

Balance Due Authorization - Complete and have customer sign if direct debit is requested.
Withdrawal date can be April 15 or any date prior.

- ☐ I authorize a withdrawal of \$_____ on _____ (date) for payment of my **Federal taxes** from this account.

Direct withdrawal from my: ☐ checking account ☐ savings account

- ☐ I authorize a withdrawal of \$_____ on _____ (date) for payment of my **Minnesota taxes** from this account.

Direct withdrawal from my: ☐ checking account ☐ savings account

Taxpayer signature _____

Date: _____

BOOST YOUR MONEY

Preferred name(s): _____
(taxpayer) (spouse)

Phone number: _____ Email address: _____ Zip code: _____

Check in on your financial health and build your financial well-being!

Check the boxes below to access free resources today or get referrals to other Prepare + Prosper (P+P) programs, or to one of our trusted partners.

PREPAID DEBIT CARD	BANK ACCOUNTS
<p>The CFR Focus card is available regardless of credit or banking history. The card has no monthly fee or minimum balance required. It can be used for your tax refund and other deposits.</p> <p><input type="checkbox"/> I want to open a CFR Focus card today for my refund to be direct deposited.</p>	<p>P+P FAIR Banking program offers checking and savings accounts with no overdraft fees or minimum balance requirements. They are available regardless of banking history (excluding bank fraud).</p> <p><input type="checkbox"/> I want to make an appointment to open an account.</p>

SAVE + WIN: Are you saving all or part of your federal or state refund? Enter our drawing to win \$100!

☐ I want to save and enter for a chance to win \$100.

U.S. SAVINGS BONDS: You can build long-term savings by purchasing a U.S. savings bond for yourself or someone else using part of your federal tax refund.

☐ I want more information about buying U.S. savings bonds.

FINANCIAL COACHING: Work with a P+P Money Mentors financial coach who will meet with you over a six month period to set a financial goal and develop a plan to reach it.

☐ I want to work with a financial coach monthly to help me reach my financial goal(s).

CREDIT SERVICES: P+P can help you access your free credit report or (re)build your credit.

☐ I want to get a copy of my credit report today.

☐ I want to fill out a request form today to receive a copy of my free credit report by mail.

☐ I have little or no credit history and want to get more information about a credit builder loan.

PAYDAY LOAN HELP: Exodus Lending helps Minnesota families break the cycle of predatory loan debt with a refinancing program that has 0% interest and no fees.

☐ I have a predatory loan and would like more information about Exodus Lending.

FREE FINANCIAL PLANNING: A Certified Financial Planner® is a financial expert who can meet with you for a free one-time consultation.

- ☐ I would like a financial planner to call me to set up an appointment to discuss:
- | | |
|---|--|
| <input type="checkbox"/> Retirement savings or distribution options | <input type="checkbox"/> Appropriate life insurance coverage |
| <input type="checkbox"/> Opening a 529 College Savings Plan | <input type="checkbox"/> Investing |

FINANCIAL COUNSELING: LSS Financial Counselors are certified experts in helping people with issues like student loan repayment, credit card debt, and first-time homebuyer programs.

- ☐ I would like to meet with an LSS financial counselor regarding:
- ☐ Student loans and/or understanding repayment options
 - ☐ Credit card debt
 - ☐ First time homebuyers information

CHILD SAVINGS ACCOUNTS (Saint Paul Residents Only): CollegeBound provides a college savings account with \$50 for each child who lives in Saint Paul and is born on or after January 1, 2020.

- ☐ I am a resident of Saint Paul and have a child born on or after Jan 1, 2020.
- ☐ I am currently expecting a child and live in Saint Paul.
- ☐ My child is already enrolled in CollegeBound.

☐ I am not interested in any of the programs or services offered here.

Consent to share information

By signing below, I give Prepare + Prosper consent to share the above contact information with the organization(s) I am requesting referrals for. This consent is valid for one year from today.

Signature: _____ Date: _____

Can we text you regarding your financial referrals*? ☐ Yes ☐ No

*We will never send any sensitive financial information or any personally identifiable information via text.



STOP HERE! OFFICE USE ONLY!



VOLUNTEER CHECKLIST: Follow this checklist for each service or referral that is of interest to the customer.

- ☐ **Initial details:** I shared details of the referral or service and ensured the customer is eligible.
- ☐ **Resources:** I provided a handout or brochure for each referral/service requested.
- ☐ **Consents:** The customer signed the consent to share data for each referral/service requested.
- ☐ **Financial Services Log:** I logged the customer information on paper financial services log.
- ☐ **Tracking form:** I recorded the customer's name and the referrals/services requested in the online financial services tracking form www.tinyurl.com/fstracker2024
- ☐ **Next steps:** I explained next steps for each referral/service requested.

Referral Notes (add to online tracking form)
