

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, 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 ts.voltax@irs.gov

Your first name	M.I.	Last name	Your date of birth	Your job title
Spouse's first name	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2025 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Can anyone else claim you or your spouse on their tax return Yes No

Check if you or your spouse were in 2025:				Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

If due a refund, how would you like your refund				If you have a balance due, how would you like to make your payment			
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay		
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____			<input type="checkbox"/> Set up installment agreement	<input type="checkbox"/> Mail payment to IRS		

Would you like to receive written communications from the IRS in a language other than English	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
What language _____			

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
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As of December 31, 2025, what was your marital status

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married on the last day of the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did you and your spouse live apart all of the last 6 months of the year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> Widowed	
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____	

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.										Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person					

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN Adjustment to income \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> (A) HSA contributions <input type="checkbox"/> (A) HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (A) Energy efficient home improvement credit (Form 5695, Part II only)	
<input type="checkbox"/> (A) Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> VIN # _____	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> (B) Estimated tax payments _____ <input type="checkbox"/> (B) Last year's refund applied to this year _____	
<input type="checkbox"/> Brought last year's return	<input type="checkbox"/> Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

- | | | | | | |
|--|------------------------------------|-------------------------------|---|-------------------------------------|---|
| 1. Would you say you can carry on a conversation in English | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 2. Would you say you can read a newspaper in English | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all | <input type="checkbox"/> Prefer not to answer |
| 3. Do you or any member of your household have a disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer | | |
| 4. Are you or your spouse a Veteran of the U.S. Armed Forces | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer | | |
-
- | | |
|--|---|
| 5. What is your race and/or ethnicity? <u>Select all that apply</u>
<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) | 6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>
<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.) |
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Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

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, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS: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, 2027.

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, 2027). 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>).

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

Pronouns: _____

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

- 2025 Income Taxes (includes Renters Credit)
- 2025 Property Tax Refund
- Prior year(s): _____
- Other: _____

TAXPAYER SURVEY

A. How do you identify?

- African
- African American or Black
- American Indian or Alaskan Native
- Asian or Asian American
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- Middle Eastern or North African
- White or European descent
- Multiracial
- Prefer not to say
- Not listed above, write in: _____

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

- Yes
- No

C. What is your gender?

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

D. What language do you primarily speak at home?

- English
- Spanish
- Somali
- Oromo
- Amharic
- Ukrainian
- Not listed above, write in: _____
- American Sign Language
- Hmong
- Vietnamese
- Karen
- Russian
- Arabic

E. In what county do you currently reside?

- Hennepin
- Dakota
- Washington
- Scott
- Ramsey
- Anoka
- Carver
- Other _____

F. Where did you learn about P+P services?

- Returning Customer
- Online Search
- Social Media Post/Ad
- P+P Email
- Referral by other Organization/Business
- Community Event
- Word of Mouth (Friend, Family Member, etc.)
- Other

STAY IN TOUCH

Get tips and news from Prepare + Prosper year-round! Receive our newsletter and other emails about our services, upcoming events, volunteering, and more.

We will never share your information. Message and data rates may apply with texting.

- Email _____
- Do you agree to receive text messages from P+P? On rare occasions we need to follow up with customers about their tax filing. Yes No

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 2025? Yes No

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

3. Did any of the following situations apply to you or your spouse in 2025? Check boxes below.

- None of the following situations apply.
- Made student loan payments
- Had a child born in 2025
- Experienced a stillbirth
- Donated an organ
- Paid for long-term care insurance
- Received a public pension
- Made over \$500 of charitable donations
- Received an AmeriCorps education award
- Completed a masters degree (teachers only)
- Received military service pension/retirement pay
- Contributed to a 529 College Savings Plan
- Received a sexual harassment/abuse settlement
- Earned income while living on a reservation
- Received a \$1000 or \$200 stipend payment as a SEIU member

4. Did you pay for K-12 school expenses or supplies for your dependents in 2025?

Yes No

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

What grades did the child attend in 2025? _____

Volunteer: Please make any notes about K-12 expenses in the IRS Intake Sheet.

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 prepaid debit card for my refunds.
- I want to split my federal refund into multiple bank accounts.
- I want to receive a check in the mail (for Minnesota returns only).
The IRS is phasing out paper checks. We encourage you to use direct deposit. Please talk to your tax preparer for more information.



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 to set up a payment to come out of my checking or savings account.

⚠ STOP HERE! VOLUNTEER USE BELOW! ⚠

Volunteer: If a customer has a source document for direct deposit, use that to enter bank info and put in envelope for reviewer. If no source document, write account info below and double-check written info with customer before entering in TaxSlayer.

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

Account 1 Routing number: _____	Account 1 type
Account 1 Account number: _____	<input type="checkbox"/> Savings account
<input type="checkbox"/> Same account for all refunds	<input type="checkbox"/> Checking account
Bank account 1 Amount \$ _____	

If splitting Federal refund, write in bank account 2 and list amount of Federal refund to deposit in each account.

Account 2 Routing number: _____	Account 2 type
Account 2 Account number: _____	<input type="checkbox"/> Savings account
Bank account 2 Amount \$ _____	<input type="checkbox"/> Checking account

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

- 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: _____

We can help you with more than your taxes.

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

Phone number: _____ Email: _____ Zip code: _____

If you are receiving a refund, are you interested in saving at least \$50 of your refund into a savings account for a chance to win \$100?

- Yes, I want to save and enter the drawing for \$100! No, I'm not interested.

Are you looking for account options for getting your refund through direct deposit?

- Yes, I want a prepaid debit card. No, I already have an account that works for me.
 Maybe, I want more information. No, I prefer to receive a paper check in the mail.

REFLECTING ON YOUR FINANCIAL SITUATION

Circle the areas where you'd like support in your financial life (or write your own!)

- | | | |
|-----------------------|-------------------------|--------------------------|
| Saving | Invest in my future | Pay off credit card debt |
| Understand my credit | Budgeting | _____ |
| Pay off student loans | Get a bank account | _____ |
| Buy a home | Build emergency savings | _____ |

GET CONNECTED TO FREE FINANCIAL SERVICES TODAY!

I'm interested in getting free help with:

- Credit Report:** Get a free copy of your credit report TODAY or mailed to you later
- Financial Coach:** Work towards your financial goals with ongoing support
- Financial Planner:** Available January - April only. Plan for your future with a free one-time consultation to discuss:
 - Retirement savings or distributions
 - Investing
 - Appropriate life insurance coverage
 - Education funding options
 - Building an emergency savings fund
 - Financially preparing for a life event
- Bank Accounts:** Get one-on-one help with opening an account that works for you.
- Credit Support:** Get one-on-one help with exploring options for building credit.
- Debt Management Plan:** Consolidate debt for lower payments and interest.
- Homeownership Counseling:** Receive ongoing guidance on first-time homebuying.
- Budget and Debt Management Counseling:** One-time session to evaluate your financial situation.

If the following situations apply to you, check the box to learn about related services:

- Resident of St Paul with a child born after January 1, 2020 or expecting a child
- Have predatory debt such as payday, pawn, or title loans with interest rate of 36% or higher

If you are not interested in financial services today:

- I want P+P to contact me to make an appointment to discuss this later
- I'm not interested in any of the services listed on this document



STOP HERE! OFFICE USE



VOLUNTEER CHECKLIST: Follow this checklist for each service/referral the customer requested.

- Initial details:** Shared details of referral/service and ensured customer is eligible.
- FS handouts:** Provided handout or brochure for each referral/service requested.
- Additional services:** Listed the services the customer wished were offered.
- Consents:** Customer signed the consent to share data for referral/service(s).
- FS Next Steps Booklet:** Explained next steps for each referral/service requested.
- Financial Services log:** Logged customer information on the paper FS log.
- Tracking form:** Recorded the customer's information and referrals/services requested on the online financial services tracking form: tinyurl.com/fstracker2026

Referral Notes (add to online tracking form)

List additional services that customer wished were offered:

Check the box for the financial services and referrals that the customer is requesting:

- Save + Win:** Saved at least \$50 to enter drawings for \$100
- CFR Focus Prepaid Debit Card:** Enrolled in prepaid card for refund direct deposit
- Credit Report:** TODAY received a copy of free credit report
- Credit Report:** MAIL filled out form to get credit report in the mail
- Financial Coach:** P+P Money Mentors
- Financial Planner:** P+P Financial Planners
- Bank Accounts:** P+P Financial Services
- Credit Support:** P+P Financial Services
- Debt Management Plan:** LSS Financial Counseling
- Homeownership Counseling:** LSS Financial Counseling
- Budget and Debt Management Counseling:** LSS Financial Counseling
- St Paul Child College Savings Account:** College Bound Saint Paul
- Predatory Loan Debt Refinancing:** Exodus Lending
- Customer requests P+P follow up about financial services at a later time**

CUSTOMER CONSENT TO SHARE INFORMATION

By signing below, I give Prepare+ Prosper consent to share the above contact information with organizations I am requesting referrals for. This consent is valid for one year.

Signature: _____ Date: _____

Can we text you regarding your financial referrals?

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

- Yes No