

Tax Preparation Eligibility Questionnaire

Did you or your spouse (if filing jointly):		Yes	No
1	live or work outside of North Carolina during the tax year?		
2	have military income (including National Guard and Reserves income) reported on Form W-2?		
3	have a 1099-R with distribution code 5, 6, 8, 9, A, D, E, K, L, N, P, R, U, or W?		
4	have rental income?		
5	have foreign income?		
6	sell stocks, bonds or mutual funds and need help calculating basis?		
7	have tobacco allotments or timber sales?		
8	have non-cash charitable contributions over \$500?		
9	have direct farming income or income from the rental of farm land/property?		
10	sell any business or farm related property?		
11	have installment payments for property sold?		
12	sell any property involving barter agreements?		
13	have unreimbursed employee expenses for the personal use of a vehicle?		
14	have household employees that you paid \$1,000 or more?		
15	have any casualty losses?		
16	have moving expenses you wish to deduct?		
17	have self-employment use of your home you wish to deduct?		
17	have eligible expenses for (and wish to claim) the adoption credit?		
19	have eligible expenses for (and wish to claim) the federal fuel tax credit?		
20	have a child who received \$1,000 – \$10,000 from interest and dividends and you wish you claim this income on your own return?		
21	receive a Mortgage Credit Certificate?		
22	convert funds from a traditional/SEP/Simple IRA to a Roth IRA?		
23	have a 1099-R with Distribution Codes J or T?		

Answering “yes” to any of questions 1-20 means that your return is outside the scope of our program. If you feel comfortable preparing your own return online, you will be eligible for a discount through TurboTax. Ask any preparer for details on how to access the discounted TurboTax site. (NOTE: this list is not all-inclusive. An SECU preparer will review your information to determine if any other items are present that will make this return out of the scope of our tax program).

Answering “yes” to any of questions 21-23 may make your return in scope for our paid service only. If we complete and file your return under our paid service, a \$75 fee will apply. The \$54,000 income limit for SECU’s VITA program is based on the Earned Income Credit threshold. Other VITA sites may have higher income limits. If your return does not qualify for free preparation under this program, you can visit www.irs.gov, keyword VITA, to search for other free VITA sites.

Please bring the following items in order for SECU to complete your return:

- Picture ID for taxpayer and spouse, if applicable.
- Social Security cards for yourself and all individuals on your return (spouse and dependents).
- Your complete 2014 tax return.
- All income forms including W-2's, 1099's and other documents.
- Documentation of higher education expenses including tuition paid, student loan interest paid and 1098-T forms.
- Daycare expenses and daycare provider's name, address and tax ID number.
- Documentation to support itemized deductions if applicable – includes mortgage loan interest paid, charitable contributions, property taxes paid (home & auto) and medical expenses.
- Financial statements or other documents to support retirement plan rollovers.
- Healthcare tax documents, including Forms 1095-A, B, or C, Marketplace Exemption Letters, etc.

Retention of Information for Tax Year 2015
– Consent to Disclose –

Information provided to tax preparers at this site will remain confidential and will be protected from unauthorized use. SECU will provide both physical and electronic protection for the information until the information is properly destroyed. Information will be retained for seven years. The information retained will not be sold to, or shared, with any unauthorized persons or third party.

SECU will retain an electronic image of your tax return. You, the taxpayer, may request a copy of your return at any time. If consent is granted, any Credit Union employee will be able to access your tax return for you. If consent is denied, a copy of your return will still be retained, but it will only be accessible by select back office staff comprising SECU's Tax Preparation Services department.

Credit Union members only: If consent is granted, SECU employees may review your tax information either during or after the tax preparation process for the purpose of recommending other Credit Union services and products.

Unless you opt out by initialing in the space provided below, review of your tax information will include sharing information with credit reporting agencies for the purpose of pre-qualifying you for credit union products. The credit union will not receive a copy of your credit report as a result of this inquiry, nor will your credit rating be impacted in any way. Instead, the credit bureau will notify the credit union of any lending products for which you are eligible based on predetermined criteria.

_____Initial here if you would prefer your tax return information NOT be used for the prequalification purposes described above.

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 grant consent to engage our tax preparation services. If we obtain your signature on this form by conditioning our 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 specified above.

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.

Request to Quality Review Your Return (Applicable to Free VITA returns only):

To ensure you are receiving quality service and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If the site preparing this return is selected, do you consent to having your return reviewed by an IRS employee? YES or NO

IRS does not keep any personal information as part of their quality review. If you do not wish to have your return included as part of the review process it will not affect the services provided to you today.

CONSENT GRANTED

I/we, the Taxpayer, have read the above information and hereby consent to the use of personal information for the purpose stated above.

Your Signature

Date

Spouse's Signature

Date

CONSENT DENIED

I/we, the Taxpayer, have read the above information and hereby DENY consent to the use of personal information for the purpose stated above.

Your Signature

Date

Spouse's Signature

Date

Intake/Interview & 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 1-3 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		Telephone 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		Telephone 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:			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
7. Your spouse's Date of Birth	8. Your spouse's job title		9. 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
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure								
11. 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, 2015, were you:

Single (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2015? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2015? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance agreement _____

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 12/31/15 (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)	Did this person have less than \$4,000 of income? (yes/no)	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)					

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

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? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments 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 of Stocks, Bonds 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) 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, Sch K-1, royalties, foreign income, etc.) Specify _____

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 to a retirement account? _____ IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ 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. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (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"/>	11. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (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. (HSA) 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 debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) 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. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (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"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? _____

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If Yes, Receive an advanced payment from the Marketplace to help pay your monthly health care payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?

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

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, 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 Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name (List dependents in the same order as in Part II)	MEC Entire Year	No MEC	Part Year MEC (mark months with coverage)	Exemption (mark months exemptions applies)	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

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

- 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
- If you are due a refund, would you like:
 - Direct deposit Yes No
 - To purchase U.S. Savings Bonds Yes No
 - To split your refund between different accounts Yes No
- 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.

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

Additional comments _____

Part VIII – IRS-Certified Volunteer Quality Reviewer Section**Review the tax return with the taxpayer to ensure:**

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer are certified to prepare/review this return and return is within scope of the program.
- All questions in Parts I through VI have been answered.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and entered on the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in Part III was correctly transferred to the tax return.
- Adjustments to income, such as student loan interest, IRA contributions, self employment tax, were verified and are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- All applicable provisions of ACA were considered for each person named on the tax return and were entered correctly.
- Any Shared Responsibility Payments are correct.
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.
- Direct Deposit/Debit and checking/saving account numbers are correct.
- SIDN is correct on the return.
- The taxpayer(s) was advised that they are responsible for the information on their return.

Certified Volunteer Preparer's name/initials (<i>optional</i>)	Certified Volunteer Quality Reviewer's name/initials (<i>optional</i>)
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Additional Tax Preparer notes

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

THIS PAGE FOR SECU USE ONLY

Overall Quality Review

- Taxpayer (and Spouse's) identity was verified with a photo ID.
- The volunteer return preparer/quality reviewer is certified to prepare/review this return and return is within scope of the program.
- All questions in Parts I through VI have been answered.
- All unsure boxes were discussed with the taxpayer and correctly marked yes or no.
- The information on pages one through three was correctly addressed and entered on the return.
- Names, SSNs, ITINs, and EINs, were verified and correctly transferred to the return.
- Filing status was verified and correct.
- Personal and Dependency Exemptions are entered correctly on the return.
- All Income (including income with or without source documents) checked "yes" in Part III was correctly transferred to the tax return.
- Adjustments to income, such as student loan interest, IRA contributions, self-employment tax, were verified and are correct.
- Standard, Additional or Itemized Deductions are correct.
- All credits are correctly reported.
- Withholding shown on Forms W-2, 1099 and Estimated Tax Payments are correctly reported.

Direct Deposit/Debit Quality Review

- Federal Return – Correct Routing #, Acct #, and Acct Type
- NC Return – Correct Routing #, Acct #, and Acct Type
- Balance Due Returns (Fed or State) – If a credit union account is to be drafted, the account is a checking account (drafts not allowed from SECU SV or MM accounts)

North Carolina Quality Review

- If return is to be e-filed, “yes” is marked on the NC Interview
- Answers to General Questions # 2 & 3 of the addendum are correct in TaxWise
- If the return includes Form(s) 1099-R, Bailey exclusions are properly marked
- NC County Code is properly formatted (ex – 092 Wake)

	Employee Name	Employee #
Accepted Drop Off <input type="checkbox"/> Full Review <input type="checkbox"/> Abbreviated Review		
Keyed Return		
Completed Quality Review		
Completed Member Review <input type="checkbox"/> Taxpayer advised of responsibility for info on the return		

- Face-to-Face Return: Mark this box if return completed as sit-and-wait/face-to-face WITHOUT drop-off/remote

ACA Quality Review

- If Form 1040, Line 62 (Shared Responsibility Payment) has an amount, confirm no exemptions apply (use the ACA – Interactive Exemptions Guide QRG to determine possible eligibility for exemption)
- ACA Worksheet in TaxWise completed correctly (REQUIRED FOR ALL RETURNS) *See the ACA – Reporting and the Shared Responsibility Payment QRG for details*
 - FULL marked for individuals with required coverage all year
 - NONE marked for individuals with NO COVERAGE **and** NO EXEMPTION for the **entire** year
 - MKT marked for individuals with coverage through the Marketplace at any time during the year
 - EXM marked for individuals who qualify for an exemption at any time during the year
 - Monthly boxes marked for individuals with NO COVERAGE **and** NO EXEMPTION for month
 - Line 7 completed if a dependent has a filing requirement AND taxpayer lacked coverage during year
- Form 8962 completed correctly (REQUIRED WITH MARKETPLACE COVERAGE) *See the ACA – Premium Tax Credit QRG for details*
 - Line 6 (eligibility for PTC) completed correctly
 - Line 9 (shared policy determination) completed correctly
 - Line 10 (Monthly vs. Annual calculation) completed correctly
 - Line 11 completed correctly for those eligible for Annual PTC calculation (amounts from 1095-A transferred in correctly)
 - Lines 12 – 23 completed correctly for those using the monthly PTC calculation (amounts from 1095-A transferred in correctly)
 - Lines 24 – 26 correctly reflect repayment, if applicable
- Form 8965 completed correctly (REQUIRED TO REPORT AN EXEMPTION) *See the ACA – Exemptions QRG for details*
 - Part 1 completed for individuals with an ECN from the Marketplace
 - Part 2 completed for those who qualify for an income-based exemption
 - Income of dependents required to file a return included, if necessary
 - Part 3 completed for those claiming an exemption on the tax return
 - Monthly boxes marked for the months a particular exemption applies