

## Quality Review Checklist TY21

<b>Verify (1040)</b>	<b>Yes</b>	<b>N/A</b>	<b>Comments</b>
Photo ID (Taxpayer & Spouse)			
Spelling of Names			
Address			
SSN / ITIN (including dependents)			
Direct Deposit account and Routing numbers			
Filing Status			<b>1 Single, 2 MFJ, 3 MFS, 4 HOH, 5QW</b>
<b>FEDERAL</b>	<b>Correct</b>	<b>N/A</b>	<b>Comments</b>
Dependency determination is correct (gray area on form)			
Standard or Itemized Deductions are correct (Line 12)			
Eligible Credits (27, 28, 30)			
Education Credits (line 29)			
Dependent Care (Sch. 3 line 2)			
<b>Income</b>	<b>Correct</b>	<b>N/A</b>	<b>Comments</b>
EIN			
Tax withholding			
Self Employment			
Other			
<b>Healthcare</b>	<b>Correct</b>	<b>N/A</b>	<b>Comments</b>
Insurance full year?			<b>Provider:</b>
1095 A PTC reconciliation (Sch.2 line 2)			
<b>Massachusetts</b>	<b>Yes</b>	<b>N/A</b>	<b>Comments</b>
Rent (line 14)			
Retirement Income (line 4)			
Interest from MA Banks (line 5)			
Healthcare Penalty (line 35)			
Lottery Winnings (line 8b)			
Circuit Breaker (not subsidized) (line 44)			
<b>Forms</b>	<b>Correct</b>	<b>No</b>	<b>Comments</b>
Form 13614-C: All questions in Parts I through VI are			
Household Assessment complete and signed			
Return within scope			
During the visit, the taxpayer(s) was advised that they are responsible for the information on their return			

**Client Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preparer Name(s): \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

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