

AARP Tax-Aide

Parsippany Library - 449 Halsey Road

From: AARP Tax-Aide Parsippany Library NJ

Subject: AARP Foundation Tax-Aide Tax Prep Materials

January 2025

Dear Parsippany Library Tax Client,

Thank you for contacting AARP Tax-Aide for assistance in preparing your 2024 tax returns. We will be open every Friday from February 7 to April 11; weather permitting. This package, and the documents that are included, contain important information about preparing your return. ***Please read the entire package and fill out the Intake booklet and any other applicable forms before your appointment. Please ensure you bring all your tax information documents and applicable forms. We do not use information on your cell phone; thus please ensure you print any important information in advance.*** If you have any questions and for assistance with scheduling your appointment, call the following number 973-486-4809 and leave a message and we will return your call. A printed copy of this package may also be picked up at the Parsippany Library (449 Halsey Road Parsippany, NJ 07054).

- The day before your appointment please read this COVID Acknowledgement: **PLEASE NOTE THAT IN ORDER FOR US TO PREPARE YOUR TAX RETURN, YOU ACKNOWLEDGE THAT YOU HAVE NOT TESTED POSITIVE FOR COVID-19 OR BEEN IN CLOSE CONTACT WITH A PERSON WHO TESTED POSITIVE FOR COVID -19 IN THE PAST 10 DAYS.** If you do not meet all of the requirements listed, please let us know and we will reschedule your appointment to a later date, or help you find another method to get your tax return prepared.
- Please read carefully the attached sheet on what to bring to your appointment. On the day of your appointment, you must bring all of the requested forms and all of your tax documents. These documents will be used by our Counselors to prepare and quality review your return. If you do not have all the needed documents, we will have to reschedule your appointment.
- Preparing your return should be completed within about 1-2 hours. You will sign the returns, receive copies for your files, and we will return all of your tax documents at that time. Later that day, we will efile the returns for you.

Your return will be prepared using the information you provide during the intake interview. It is your responsibility to provide all of the information required for the preparation of a complete and accurate return. By providing us your information, you are indicating that you understand that we are assisting you with preparation of your tax return and that you are responsible for all information contained in the return, as well as for any omissions.

When necessary, we will only contact you by phone or by email using an aarpfoundation.org email address. **To confirm that you are speaking with an authorized Tax-Aide volunteer, ask the person calling for the pass code. The pass code our volunteer will use is "Cougar Pride!"**. If you are contacted by someone who does not know the pass code or someone using an email address other than from email@aarpfoundation.org, please hang up the phone or delete the email.

Craig G.
AARP Tax-Aide, Parsippany Library



COVID-19 ACKNOWLEDGEMENT

By entering this facility, you are acknowledging that you have not tested positive for COVID-19 or been in close contact with a person who tested positive for COVID-19 in the past 10 days.

Likewise, by entering this facility, you are acknowledging that you are not experiencing COVID-19 symptoms, including without limitation, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

Thank you.

**You must bring a Social Security card or SSA-1099 for each person on the return.
You must bring a government photo ID for the taxpayer and spouse.**

THINGS TO DO PRIOR TO ARRIVING AT THE TAX PREPARATION SITE

1. Complete the [Tax Year 2024 Intake Form](#). Do your best. We'll help you if you get stuck on any of the questions.
2. Complete any applicable items on the [TY 2024 Itemized Deductions Worksheet](#). DO NOT bring in medical or charitable contribution receipts, add these up and enter the totals on the form.
3. If applicable, complete the [Education Credits Worksheet](#)
4. If applicable, complete the [Self-Employed Schedule C Worksheet](#)
5. **If you have unemployment compensation, you MUST print out the 1099-G document.** You can find this document at: <https://myunemployment.nj.gov/>. You will need to sign into your unemployment account to retrieve the document. **We cannot print this document for you. We cannot prepare your return without this form.**

ADDITIONAL THINGS TO BRING WITH YOU TO THE APPOINTMENT

Remember to bring with you all of the following that apply to your situation. Items in **bold** are required in order for us to prepare your return.

1. **If you were issued a PIN by the IRS because of identity theft, bring the letter received from the IRS indicating the PIN. Your return will be rejected by the IRS without this number**
2. **2023 Tax Return.** If AARP Tax-Aide did your last year's return, bring the envelope we gave you with your return and all documents. If done by someone else, bring the entire return and associated tax statements.
3. **Bring any other notices received by the IRS or NJ**
4. **Checkbook** if you want to direct deposit any refunds or direct pay any amounts owed.
5. **All of your current tax year income documents such as:**
 - W-2 (Wages)
 - W-2G (Gambling winnings)
 - 1099 (Interest, dividends, security sales)
 - 1099-G (State income tax refund) You must get this online from the NJ Treasury by going to https://www1.state.nj.us/TYTR_Saver/jsp/TGI_1099/NJ1099Login.jsp
 - Unemployment compensation statements 1099G. You must get this online from NJ Unemployment by going to <https://myunemployment.nj.gov/> (see above)
 - Social Security SSA-1099 or Railroad Retirement (RRB-1099 Tier 1 &2)
 - Amount of any Alimony received or paid and date of divorce agreement. If Alimony was paid, SSN for recipient(s) (may be on prior year return)
 - Brokerage statements
 - End of year pay stub (with breakdown of deductions, etc.) if applicable
 - Health insurance documents received from the government insurance marketplace, your employer and/or your insurance provider. 1095-A, 1095-B, 1095-C. 1095-A is required if insurance was purchased from the Marketplace.
 - PTR amount received in the current tax year and form PTR-1 or PTR-2 from last year and this year (if available).
 - Homestead Benefit amount credited to your property tax
 - Anchor payments you received
 - Forms and/or cancelled checks as a record of all Federal and State Taxes Paid in the current tax year including any estimated tax payments
 - Contributions to HSA (Form 5498-SA (if you have one) and distributions from an HSA (health savings account), if you have one (Form 1099-SA)
 - Child dependent care provider information
 - Mortgage interest statement (Form 1098)
 - Property tax statement and /or postcard from your local tax office or other records of property tax paid (should include Block, Lot and Qualifier);
 - Form 1098-T showing college costs paid and any scholarship amount
 - Purchased a new vehicle? (Bring documentation of sales tax)
 - Sold a home? (Bring closing documentation) If received, bring form 1099-S
 - Have debt from a personal credit card cancelled/forgiven by a commercial lender? (Bring 1099-C)
 - Receive a First Time Homebuyers Credit in 2008? (Bring repayment letter)
 - Any document you have showing you contributed to a NJ Best 529 PLAN, or have a NJ CLASS student loan you are currently making payments on (principal and interest)

HEALTH INSURANCE

The State of New Jersey requires that every person on the tax return have Minimum Essential Coverage health insurance or be eligible for an exemption. Medicare Part A and some Medicaid coverage qualifies as Minimum Essential Coverage. Did you, your spouse, or any of your qualifying dependents purchase health insurance from the Health Insurance Marketplace? If yes, you will need to bring form 1095-A which you should have received from The Marketplace.

NOTE-If you did not have health insurance that meets the Minimum Essential Coverage requirements for any month in the year, we will explore your eligibility for an exemption. If you do not qualify for an exemption, you will be required to make a Shared Responsibility Payment as part of your current year taxes.

2024 Itemized Deductions (Sch A) Worksheet (fillable)

☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

If you checked any of the above, please stop here and speak with one of our Counselors.

If none is checked: enter your totals below for each expense – we do not need the details.

Please ask if you are unsure or have any questions.

Your name: _____

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed		STATE/LOCAL TAXES	
Insurance* (specify)	\$	State/local income tax paid (other than through withholding)	\$
	\$	Sales tax on car or home improvement purchases	\$
	\$	Real estate taxes (not service fees like garbage or sewer)	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.		Personal property (e.g. tax portion of car registration)	\$
Doctors, dentist, etc.	\$	Other taxes paid (specify):	\$
Hospital, medically needed care facility, etc.	\$		\$
Prescriptions (even if filled with over the counter meds)	\$	INTEREST	
Medical aids (canes, glasses, etc.)	\$	Home mortgage interest - on main home	\$
COVID protective items	\$	- on second loan or home	\$
Other (specify):	\$	Loan balance owed at Jan 1 or date acquired (Form 1098):	\$
	\$	Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Parking	\$	Mortgage insurance required by lender	\$
Bus or car service	\$	Year loan originated	Yr:
		Other (specify):	\$
Medical miles	mi.	OTHER:	
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)		Gambling losses/expenses	\$
Cash contributions (total)	\$	Investment expenses (for state)	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)		Other (specify):	
	\$		
	\$		
	\$		
Charitable miles	mi.		

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,950 or \$1,550 if married):

Single	\$14,600	Married (filing joint)	\$29,200	HOH	\$21,900
Single(65+)	\$16,550	Married (one 65+)	\$30,750	HOH (65+)	\$23,850
		Married (both 65+)	\$32,300		

Education Credits Worksheet (fillable)

Taxpayer name _____

Please complete one worksheet for each student. Name of student: _____

There are two education credits: the American Opportunity Credit and the Lifetime Learning Credit. Your eligibility depends on many things, which are addressed by each question below. Our Counselors will rely upon your answers to determine your eligibility for either education credit. It is important that you accurately respond to all of the following items that apply to your situation.

If you have any questions, please ask one of our Counselors.

Student Information	
Dependent student's filing status: Single (S); Married Filing Joint (MFJ) (or filing just to get a refund of withholding); Married Filing Separate (MFJ); Qualifying Surviving Spouse (QSS); Head of Household (HH)	
Was student's earned income less than one-half of their support? (Yes / No)	
Was at least one parent alive at the end of the tax year? (Yes / No)	
Is student enrolled in a degree or other credential program? (Yes / No)	
Is student enrolled full-time (FT), half-time (HT), or less than half-time (Less)	
Had student completed the first four years of postsecondary education at the beginning of the tax year? (Yes / No)	
Has the American Opportunity Credit been used for this student for four tax years? (Yes / No)	
Was the student ever convicted of a drug felony? (Yes / No)	

Funding Sources (list amount received from each source, use separate sheet as needed)	
Unrestricted grants or scholarships eligible for living expenses	\$
Other scholarships or fellowships	\$
Was a W-2 issued for any of this income? (Yes / No)	
Amount <u>required</u> to be spent on tuition, fees, books or equipment	\$
Distributions from Coverdell Education Savings Account (ESA)	\$
Distributions from Qualified Tuition Plans (529 Plans)	\$
Early distributions from IRAs	\$
U.S. Savings bonds used for tuition and required enrollment fees	\$
Excludible emergency financial aid grants (CARES) (do not reduce educ expenses)	\$
Student loans or savings	\$

Education Credits Worksheet (fillable)

Each of the education credits covers some education expenses, none of them covers all expenses. Tuition and other expenses that are necessary for enrollment are generally covered. Non-essential fees, such as transportation costs, room and board, sports fees, and student health fees may not be covered.

Institutions issue a Form 1098-T to their students. Please provide all Forms 1098-T with your other tax documents. If you do not have Form 1098-T or have lost it, check the student's on-line school account or contact the educational institution to obtain them before submitting to Tax-Aide.

The student's financial account statement, available to download or from the educational institution's Finance Office, contains information that is important in determining qualifying expenses. Please include a copy of each student's financial account statement with your other tax documents.

Expenses <i>(Not all expenses qualify for both Education Credits)</i>	
Tuition	\$
Student activity fees, if required for enrollment	\$
Required books that <u>must</u> be purchased from the institution	\$
Required books purchased from a bookstore or otherwise	\$
Required supplies and equipment fees which must be purchased from the institution	\$
Other required supplies and equipment	\$
Living expenses, even if living at home	\$
Required insurance or student health fees	\$
Expenses for special needs services	\$
Other (specify):	\$
	\$
	\$
	\$

Self-Employed (Sch C) Worksheet (type-in fillable)

(Complete a separate worksheet for each business)

Business owner's name: _____

- | | |
|--|---|
| <input type="checkbox"/> I paid employees or other individuals | <input type="checkbox"/> I want to deduct a home office |
| <input type="checkbox"/> I had more than \$35,000 in business expenses | <input type="checkbox"/> I received Form 1095-A for health coverage |
| <input type="checkbox"/> I kept an inventory for my business | <input type="checkbox"/> I need to report a business loss |
| <input type="checkbox"/> I have assets to depreciate (any > \$2,500) | <input type="checkbox"/> I don't use the cash method of accounting |

If you checked any of the above, please stop here and speak with one of our Counselors.

If you checked none of these above, please continue by completing the worksheet below for **each** business.

Income	
Forms 1099 (-NEC, -MISC, -K)	\$
Cash, checks, etc. (incl. tips)	\$
Business expenses	
Advertising	\$
Commissions and fees	\$
Health insurance premiums	\$
Business insurance	\$
Interest on business loans	\$
Office expense/supplies	\$
Rent (not home office)	\$
Repairs	\$
Supplies	\$
Licenses or fees	\$

Business expenses (cont.)	
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals from restaurants	\$
Other business meals	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Business use of car or truck	
Total mileage for year	mi.
Business miles	mi.
Commuting miles	mi.
Other miles	mi.
Vehicle description:	
Date placed in service:	

Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

Drivers – be sure you have with you today:

- All Forms 1099 **AND** the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc.) – you need to download and print the detail from each company's web site.
- Your trip miles **AND** your between-trip miles (do not include from home to first stop nor from last stop to home).

Form 13614-C (November 2024)		Department of the Treasury - Internal Revenue Service Intake/Interview and Quality Review Sheet										OMB Number 1545-1964		
You will need: <ul style="list-style-type: none">• 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										<ul style="list-style-type: none">• Complete pages 1-6 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 <i>(pronouns, optional)</i>			M.I.		Last name			Your date of birth			Your job title			
Spouse's first name <i>(pronouns, optional)</i>			M.I.		Last name			Spouse's date of birth			Spouse's job title			
Mailing address						Apt #		City			State		ZIP code	
Your telephone number			Spouse's telephone number			Email address <i>(optional)</i>				Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Check if you or your spouse were in 2024:														
A U.S. citizen		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> No		Legally blind		<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		Totally and permanently disabled		<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		Issued an identity protection PIN (IPPIN)		<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 like information on how to vote and/or how to register to vote										<input type="checkbox"/> Yes <input type="checkbox"/> No				
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				
As of December 31, 2024, what was your marital status														
<input type="checkbox"/> Never Married		<input type="checkbox"/> Married		If married, were you married for all of 2024				<input type="checkbox"/> Yes <input type="checkbox"/> No						
				Did you live with your spouse during any part of the last six months of 2024				<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 _____										
To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return										<input type="checkbox"/> Yes <input type="checkbox"/> No				
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 2024	Single or Married as of 12/31/2024 (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 \$5,050 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

Catalog Number 52121E

www.irs.gov

Form **13614-C** (Rev. 11-2024)

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 2024:**☐ (B) Wages as a part-time or full-time employee

How many jobs _____

☐ (B/A) Tips☐ (B/A) Retirement account, pension or annuity proceeds☐ (B) Disability benefits (such as payments from insurance and worker's compensation)☐ (B) Social Security or Railroad Retirement Benefits☐ (B) Unemployment benefits☐ (B) Refund of state or local income tax☐ (B) Interest or dividends (bank account, bonds, etc.)☐ (A) Sale of stocks, bonds or real estateDid you report a loss on last year's return ☐ Yes ☐ No☐ (B) Alimony☐ (A/M) Income from renting out your house or a room in your houseIf yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No☐ Income from renting personal property such as a vehicle☐ (B) Gambling winnings, including lottery☐ (A) Payments for contract or self-employment workDid you report a loss on last year's return ☐ Yes ☐ No☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)**(To be completed by certified volunteer) Income to be included Notes/Comments**☐ (B) W-2s

☐ (B/A) Tips (Basic when reported on W2)☐ (B/A) 1099-R (Basic when taxable amount is reported) # _____☐ (A) Qualified Charitable Distribution From 1099-R \$ _____☐ (B) Disability benefits on 1099-R or W-2 # _____☐ (B) SSA-1099, RRB-1099 # _____☐ (B) 1099-G # _____☐ (B) Refund \$ _____☐ (B) Itemized last year ☐ Yes ☐ No☐ (B) 1099-INT # _____ ☐ (B) 1099-DIV # _____☐ (A) 1099-B (include brokerage statement) # _____☐ Capital loss carryover ☐ Yes ☐ No☐ (B) Alimony \$ _____Excluded from income ☐ Yes ☐ No☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days)☐ Rental expense \$ _____☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____☐ (A) Schedule C☐ 1099-MISC # _____☐ 1099-NEC # _____☐ 1099-K # _____☐ Other income reported elsewhere☐ Schedule C expenses \$ _____☐ 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 2024?**

- ☐ (A) Mortgage Interest
- ☐ (A) Taxes: state, local, real estate, sales, etc.
- ☐ (A) Medical, dental, prescription expenses
- ☐ (A) Charitable contributions

(To be completed by certified volunteer) Standard or Itemized Deductions

- ☐ (A) 1098 # _____
- ☐ (B) Standard deduction ☐ (A) Itemized deduction

Notes/Comments**Paid any of these expenses in 2024?**

- ☐ (B) Student loan interest
- ☐ (B) Child and dependent care
- ☐ (B/A) Contributions to a retirement account
- ☐ (B) School supplies by a teacher, teacher's aide or other educator
- ☐ (B) Alimony payments (do not include child support)

(To be completed by certified volunteer) Expenses to report

- ☐ (B) 1098-E
- ☐ (B) Child and dependent care credit
- ☐ (B/A) IRA (Basic if a Roth IRA or 401K)
- ☐ (B) Educator expenses deduction \$ _____
- ☐ (B) Alimony payments with spouse's SSN \$ _____
- Adjustment to income ☐ Yes ☐ No

Notes/Comments**Did any of the following happen during 2024?**

- ☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)
- ☐ (A) Sell a home
- ☐ (A) Have a health savings account (HSA)
- ☐ (A) Purchase health insurance through the Marketplace (Exchange)
- ☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)
- ☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender
- ☐ (A) Have a loss related to a declared Federal disaster area
- ☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
- ☐ Receive any letter or bill from the IRS
- ☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes

(To be completed by certified volunteer) Information to report

- ☐ (B) Taxable scholarship income
- ☐ (B) 1098-T (itemized statement from school, invoice, etc.)
- ☐ (B) Education credit or tuition and fees deduction
- ☐ (A) Sale of home (1099-S)
- ☐ HSA contributions ☐ HSA distributions
- ☐ (A) 1095-A
- ☐ (B) Energy efficient home improvement credit
- ☐ (A) 1099-C
- ☐ (A) 1099-A
- ☐ Disaster relief impacts return
- ☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year
- Year disallowed Reason
- ☐ Eligible for Low Income Taxpayer Clinic referral
- ☐ Estimated tax payments _____
- ☐ Last year's refund applied to this year _____
- ☐ Last year's return available

Notes/Comments

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>			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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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.)			<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)		

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). 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, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional Notes/Comments

Lined area for additional notes or comments.

Optional Questions for AARP Foundation

16. How many people, including you, are part of your household? (Your household includes you and the number of other people financially supported by your annual household income.) (select one)

☐ 1 (yourself) ☐ 2 ☐ 3 ☐ 4 or more ☐ Prefer not to answer

17. Do you have a permanent disability or chronic condition that hinders or limits the amount of or kind of activities that you do?

☐ Yes ☐ No ☐ Prefer not to answer

18. Does your spouse have a permanent disability or chronic condition that hinders or limits the amount of or kind of activities that he/she does?

☐ Yes ☐ No ☐ Prefer not to answer

19. Do you rent or own your home?

☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer

20. What is your gender identity? (*select all that apply*)

☐ Male ☐ Female ☐ Non-Binary ☐ Prefer to self-describe ☐ Prefer not to answer

21. What is your spouse's gender identity? (*select all that apply*)

☐ Male ☐ Female ☐ Non-Binary ☐ Prefer to self-describe ☐ Prefer not to answer

22. Do you identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

☐ Yes ☐ No ☐ Prefer not to answer

23. Does your spouse identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?

☐ Yes ☐ No ☐ Prefer not to answer

Opportunity to Save Your Refund

Whether you want to save for an upcoming purchase, unexpected expenses, or things that are important to you, tax time provides a key opportunity to plan for your future financial security.

In past seasons Tax-Aide users have either deposited some of their refund into a savings account or purchased a \$50 savings bond. If you wish to start or continue saving your tax refund this year, let your Tax-Aide Counselor know.

How to Use this Intake Booklet

Welcome to our AARP Foundation Tax-Aide site. This Intake Booklet is one of the primary ways for you to provide information to the volunteer who will prepare your tax return. In addition to any paperwork you brought, this information will help give us a more complete picture of your tax situation and will also allow you to give us permission to take certain actions. Please complete the Booklet in its entirety and take a look at the following information to help you decide if you wish to give your consents and answer certain questions. **Your answers will not affect the preparation of your tax return.**

Demographic Questions: These are questions about you (and your spouse, if filing jointly). The data from these questions are used for statistical and program planning purposes.

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites. If you had your tax return prepared at this site last year, some of your information (name, address, dependents, payers, etc.) will automatically appear when we prepare your return this time. You can also conveniently have your information available at any other AARP Foundation Tax-Aide or VITA Site. Sign this form if you want your information to be available at any AARP Foundation Tax-Aide or VITA Site you decide to use next year.

Consent to Disclose/Use Information to AARP Foundation. Sign this form if you want to allow information from your tax return, including answers to demographic questions, to be provided by Tax-Aide to the program sponsor – AARP Foundation – to assist in program development, to help support the funding of this free service and to send you other AARP Foundation program information.

Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services. In addition to AARP Foundation Tax-Aide, AARP Foundation helps older adults with low income secure the essentials, including good jobs, eligible benefits, crucial refunds, and sustaining social connections through a variety of programs and services. Some or all of these programs or services may be relevant to you. Sign this form if you want to allow AARP Foundation—the charitable affiliate of AARP—to send you information about free programs and services. Your data will not be shared with AARP or AARP's licensed service providers for the purposes of membership marketing or paid offers.

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, 2026.

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, 2026). 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>).

Consent to Disclose/Use Information to AARP Foundation

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. 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:

I/We authorize the AARP Foundation as follows:

3 Years-Disclosure: Tax Preparer will disclose the Personal Information to the Software Developer through Software Developer's tax preparation program. The Software Developer will disclose the Personal Information to AARP Foundation.

3 Years-Purpose of the Disclosure/Use is for the Software Developer to make available the Taxpayer's Personal Information as entered in the tax return to AARP Foundation in order for it to provide reporting, support, administrative assistance, and program and research opportunities to the tax preparer.

Personal Information: 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, your sources of income, and any other data that was input into the tax preparation software.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure/use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the disclosure/use to an earlier date, I 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.

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, or by email at complaints@tigta.treas.gov.

Consent for AARP Foundation to Use Select Tax Return Information

Federal Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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:

The AARP Foundation Tax-Aide program is one of several free programs or services that AARP Foundation provides to help older adults with low income secure the essentials, including good jobs, eligible benefits, refunds, and sustaining social connections. Some of these programs or services may be relevant to you. If you would like us to use your tax return information to help determine whether other free AARP Foundation programs or services might be available to you, to send you details about how to access these programs or services, and/or contact you to see if you are eligible and interested to participate in research-related activities, such as surveys or discussion groups, that inform our programs and services, please sign and date this consent for the use of your tax return information.

I/We authorize AARP Foundation as follows:

3 Years-Purpose: The purpose of the Use is for AARP Foundation to use your tax return information to determine whether to provide you additional information about other free AARP Foundation programs or services.

Personal Information: The tax return information that will be used includes your name, address, email, phone number, age, adjusted gross income, race, ethnicity, gender identity, sexual orientation, disability status, veteran status, household size, refund allocations, credits, property ownership, and schedules used.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the use of tax return information to a date earlier than three years. If I/we wish to limit the duration of the use to an earlier date, I/we will deny consent.

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, or by email at complaints@tigta.treas.gov.