

**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](mailto:ts.voltax@irs.gov)**

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

<b>Can anyone else claim you or your spouse on their tax return</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Check if you or your spouse were in 2025:</b>				
A U.S. citizen		<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
A full-time student		<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 Totally and permanently disabled <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				

<b>If due a refund, how would you like your refund</b>				
<input type="checkbox"/> Direct deposit		<input type="checkbox"/> Check by mail		
<input type="checkbox"/> Split refund between accounts		<input type="checkbox"/> Other _____		
<b>If you have a balance due, how would you like to make your payment</b> <input type="checkbox"/> Bank account <input type="checkbox"/> IRS.gov Direct Pay <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 _____				
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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, 2025, what was your marital status				
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<input type="checkbox"/> <b>Never Married</b>		<input type="checkbox"/> <b>Married</b>	If married, were you married on the last day of the year		
		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"/> <b>Divorced</b>		<input type="checkbox"/> <b>Legally Separated but not Divorced</b>	<input type="checkbox"/> <b>Widowed</b> 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) <b>AND</b> anyone you supported but did not live with you last year.				
Answer Yes or No (Y/N)				
<b>To be completed by certified volunteer (Yes, No, or N/A)</b>				

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) Taxes: state, local, real estate, sales, etc. <input type="checkbox"/> (A) Medical, dental, prescription expenses <input type="checkbox"/> (A) Charitable contributions	<input type="checkbox"/> (A) 1098 <input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	# _____
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) Child and dependent care <input type="checkbox"/> (B/A) Contributions to a retirement account <input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator <input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) 1098-E <input type="checkbox"/> (B) Child and dependent care credit <input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K) <input type="checkbox"/> (B) Educator expenses deduction <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"/> <b>American Indian or Alaska Native</b> (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"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> <b>White</b> (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"/> <b>American Indian or Alaska Native</b> (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"/> <b>Asian</b> (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.) <input type="checkbox"/> <b>Black or African American</b> (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.) <input type="checkbox"/> <b>Hispanic or Latino</b> (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.) <input type="checkbox"/> <b>Middle Eastern or North African</b> (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.) <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) <input type="checkbox"/> <b>White</b> (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, 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**

## Optional Questions for AARP Foundation

1. 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

2. Do you rent or own your home?

Rent      Own      Neither      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.

If you wish to start or continue saving your tax refund this year, let your Tax-Aide Counselor know.

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## How to Use this Intake Booklet

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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.**

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

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**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.

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**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 and to send you other AARP Foundation program information.

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**Consent for AARP Foundation to Use Select Tax Return 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 relevant benefits, good jobs, and refunds, and to sustain 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 agree 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, 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>).

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## Consent to Disclose/Use Information to AARP Foundation

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### 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](mailto:complaints@tigta.treas.gov).

# Consent for AARP Foundation to Use Select Tax Return Information

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## 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 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 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](mailto:complaints@tigta.treas.gov).

## Qualified Overtime Deduction Worksheet\* (fillable)

Name \_\_\_\_\_

### Check all that apply:

I am exempt under the Fair Labor Standards Act (FLSA). If checked do not complete this worksheet.

I am paid as:  an employee (W-2)  a nonemployee 1099 worker (uncommon for overtime)

I get paid on:  an hourly basis  on a salary or other basis and get overtime premium pay or time off

### Source of my overtime information:

Employer document or statement\*

Pay stub (must provide the 2025 full-year amount)

Other (specify) \_\_\_\_\_

My total overtime pay for 2025 for hours worked over standard hours is: \$ \_\_\_\_\_

My overtime pay is my regular pay times:  1.5  2.0  2.5  other \_\_\_\_\_

### Taxpayers are responsible for retaining documentation to support their overtime deduction.

*Different occupations or different employers have varying ways of determining overtime. Only overtime pay required by the FLSA is eligible for this deduction — additional overtime mandated by state law, employment contract, employer policy, etc., is not eligible. Only the FLSA-mandated overtime premium up to 50% over regular pay is eligible for the overtime deduction.*

— For Tax-Aide use —

This simplified calculation can be used only if the taxpayer has the amount of total overtime pay for hours worked over 40 in a week (or other FLSA-mandated overtime) and the overtime premium is a constant rate. **It cannot be used if overtime pay includes overtime paid for weekends, holidays, off hours, hours worked in excess of 8 hours in a day, etc.** (these may not be FLSA-mandated and taxpayer needs to get accurate FLSA information).

Simplified qualified overtime pay calculator for the deduction:

Total overtime pay (not just the OT premium)	(a)	\$
Enter the rate of overtime pay multiplied by 2 e.g. for time and a half (1.5x) enter 3; for double time (2x) enter 4	(b)	
Divide (a) by (b)	(c)	\$

Enter the amount from (c) on Sch 1-A Additional Deductions > No Tax on Overtime screen as W-2 or 1099, as applicable.

\* **This worksheet is not needed if your employer gave you the amount of qualified FLSA overtime premium for the overtime deduction, e.g. W-2 box 12 with code TT or box 14 with qualified overtime compensation amount.**

Otherwise, this worksheet is intended for straightforward situations where the taxpayer is able to provide the necessary information. If the taxpayer is not able to provide the information, the return can be filed without the deduction (and amended later when accurate information is provided) or the taxpayer can choose to not use Tax-Aide to file their return.

## Qualified Tip Deduction Worksheet (fillable)

For use by employees with Form W-2

Name \_\_\_\_\_

Use this form if you receive tips in your job, you have a Social Security number valid for employment, and you are not married filing separately. If you have more than one tip job, complete a separate worksheet for each job. Only cash tips (including checks, credit/debit/gift cards, cash transfer apps, etc.) are eligible for the tips deduction. The value of noncash tips (such as goods or services) must be included in taxable income but is not eligible for the tips deduction (see Note 3).

Occupation in which I get tips \_\_\_\_\_ Code # from page 2 \_\_\_\_\_

My qualified tips are listed below:		For Tax-Aide Use
(a) W-2 box 7 (see Note 1)	\$	<b>Form W-2 entry screen</b> <ul style="list-style-type: none"><li>• Enter Box 7 from the W-2, even if the value on line (a) is different.</li><li>• If line (b) is blank, leave Box 8 blank, else use Box 8 from W-2</li><li>• Enter line (c) as Unreported tips</li></ul>
(b) W-2 box 8 (allocated tips) (see Note 2)	\$	<b>Additional Deductions entry screen, No Tax On Tips</b> <ul style="list-style-type: none"><li>• If multiple Forms W-2, add all lines (a), (b) and (c) together</li><li>• If Note 1 or Note 3 applies see NTTC 4012</li><li>• 1st field: Enter line (a)</li><li>• 2nd field: Add lines (a)+(b)+(c)</li><li>• TaxSlayer will choose the larger of the two figures and apply the limit of \$25,000 per return</li></ul>
(c) Cash tips not reported to my employer (see Note 3)	\$	

**Taxpayers must retain the documentation to support their tips deduction.**

Note 1: If you have an employer statement or an amount in W-2 box 14 listing your qualified tips for the "No Tax on Tips" deduction, enter that instead. Do not include any service charges or automatic gratuities listed on an employer statement. If you earned more than \$176,100 and the total of tips you reported to your employer on Forms 4070 or the equivalent is more than box 7, you may use that total instead.

Note 2: If you can prove that your unreported tips are other than the amount in box 8, leave line (b) blank and enter the correct amount on line (c). Otherwise, just enter the amount from box 8 on line (b).

Note 3: If any tips were not reported because you received less than \$20 in a month; or while working as a government employee not subject to Social Security tax; or you received noncash tips, such as goods, event tickets, meals, services, etc.; then provide those amounts to the Counselor separately.

<b>Beverage &amp; Food Service</b>	
101	Bartenders
102	Wait Staff
103	Food Servers, Nonrestaurant
104	Dining Room and Cafeteria Attendants and Bartender Helpers
105	Chefs and Cooks
106	Food Preparation Workers
107	Fast Food and Counter Workers
108	Dishwashers
109	Host Staff, Restaurant, Lounge, and Coffee Shop
110	Bakers
<b>Entertainment &amp; Events</b>	
201	Gambling Dealers
202	Gambling Change Persons and Booth Cashiers
203	Gambling Cage Workers
204	Gambling and Sports Book Writers and Runners
205	Dancers
206	Musicians and Singers
207	Disc Jockeys, Except Radio
208	Entertainers and Performers
209	Digital Content Creators
210	Ushers, Lobby Attendants, and Ticket Takers
211	Locker Room, Coatroom, and Dressing Room Attendants
<b>Hospitality &amp; Guest Services</b>	
301	Baggage Porters and Bellhops
302	Concierges
303	Hotel, Motel, and Resort Desk Clerks
304	Maids and Housekeeping Cleaners
<b>Home Services</b>	
401	Home Maintenance and Repair Workers
402	Home Landscaping and Groundskeeping Workers
403	Home Electricians
404	Home Plumbers
405	Home Heating and Air Conditioning Mechanics and Installers
406	Home Appliance Installers and Repairers
407	Home Cleaning Service Workers
408	Locksmiths
409	Roadside Assistance Workers

<b>Personal Services</b>	
501	Personal Care and Service Workers
502	Private Event Planners
503	Private Event and Portrait Photographers
504	Private Event Videographers
505	Event Officiants
506	Pet Caretakers
507	Tutors
508	Nannies and Babysitters
<b>Personal Appearance &amp; Wellness</b>	
601	Skincare Specialists
602	Massage Therapists
603	Barbers, Hairdressers, Hairstylists, and Cosmetologists
604	Shampooers
605	Manicurists and Pedicurists
606	Makeup Artists
607	Exercise Trainers and Group Fitness Instructors
608	Tattoo Artists and Piercers
609	Tailors
610	Shoe and Leather Workers and Repairers
611	Eyebrow Threading and Waxing Technicians
<b>Recreation &amp; Instruction</b>	
701	Golf Caddies
702	Self-Enrichment Teachers
703	Sports and Recreation Instructors
704	Tour Guides
705	Travel Guides
706	Recreational and Tour Pilots
<b>Transportation &amp; Delivery</b>	
801	Parking and Valet Attendants
802	Taxi and Rideshare Drivers and Chauffeurs
803	Shuttle Drivers
804	Goods Delivery People
805	Personal Vehicle and Equipment Cleaners
806	Private and Charter Bus Drivers
807	Water Taxi Operators and Charter Boat Workers
808	Rickshaw, Pedicab, and Carriage Drivers
809	Home Movers

## 2025 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: \_\_\_\_\_

<b>MEDICAL EXPENSES</b> you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
	\$
	\$
* For health, dental, vision, long-term care. Not paid pre-tax from paycheck. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over-the-counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
COVID protective items	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles using own car	mi.
<b>CHARITY</b> (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	\$
	\$
	\$
Charitable miles using own car	mi.
<b>STATE/LOCAL TAXES</b>	
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)	
Personal property (e.g. tax portion of car registration)	
Other taxes paid (specify):	
<b>INTEREST **</b>	
Home mortgage interest	
- on main home	
- on second loan or home	
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	
Mortgage insurance required by lender (for state tax only)	
Year loan originated	
Other (specify):	
<b>OTHER:</b>	
Gambling losses/expenses	
Investment expenses (for state)	
Other (specify):	

We'll use your 2025 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$2,000 or \$1,600 if married):

Single	\$15,750	Married (filing joint)	\$31,500	HOH	\$23,625
Single (65+)	\$17,750	Married (one 65+)	\$33,100	HOH (65+)	\$25,625
		Married (both 65+)	\$34,700		

\*\* If you financed the purchase of a new car, complete the [Qualified Vehicle Loan Interest deduction worksheet](#).

**Note for 2026: keep your cash charitable contribution receipts!**

# Qualified Passenger Vehicle Loan Interest Deduction Worksheet (fillable)

(Complete a separate worksheet for each vehicle.)

Borrower name: \_\_\_\_\_

**If you answer no to any question, stop.**

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

Vehicle and Loan Information	Yes	No	Unsure
Did you bring a document showing the 17-digit Vehicle Identification Number (VIN), such as the loan document, registration, insurance card, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the vehicle purchased new? Note: used vehicles and lease buyouts do not qualify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle a car, minivan, van, SUV, pickup truck, or motorcycle manufactured primarily for use on public streets, roads, and highways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the original loan taken out after December 31, 2024? If yes, what was the date: _____ . Check here if original loan was refinanced: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the loan taken out by you and were the proceeds of this loan used to purchase this vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the loan secured by a first lien on the vehicle? Leases do not qualify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the gross vehicle weight rating (GVWR) less than 14,000 pounds? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the vehicle undergo final assembly in the United States? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The NHTSA [VIN Decoder \(vpic.nhtsa.dot.gov/decoder\)](http://vpic.nhtsa.dot.gov/decoder) can be used to determine the GVWR and final assembly location.

Interest Paid	
Amount of interest paid on above loan during the tax year (as reported by the lender; e.g. on a statement, online, etc.):	\$ _____
Check this box if you have a business and use this vehicle in your business:	<input type="checkbox"/>

## 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 \$50,000 in business expenses	<input type="checkbox"/> I received Form 1095-A for health coverage
<input type="checkbox"/> I keep 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 have an LLC or other entity

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

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

<b>Income</b>	
Forms 1099 (-NEC, -MISC, -K)	\$ _____
Cash, checks, etc. (incl tips)	\$ _____
<i>Use the <a href="#">tips worksheet</a> if in a qualified occupation</i>	
<b>Business expenses</b>	
Advertising	\$ _____
Commissions and fees	\$ _____
Business insurance	\$ _____
Interest on business loans	\$ _____
Office expense/supplies	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Licenses or fees	\$ _____
Business part of phone	\$ _____
Training for this business	\$ _____
Tools, etc. under \$2,500 each	\$ _____
Travel away from home	\$ _____
Business meals	\$ _____
Rent (not home office)	\$ _____
Other (specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

<b>Business use of car or truck</b>	
Total mileage for the year	mi. _____
Business miles	mi. _____
Commuting miles	mi. _____
Other miles	mi. _____
Do you have another car (Y/N)	_____
Vehicle description:	
Date placed in service:	
<b>Car or truck expenses</b>	
Car loan interest	\$ _____
Parking, tolls	\$ _____
Other (specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

<b>To be completed by the volunteer preparer:</b>	
SEHI? Y / N _____	(see NTTC 4012 Tab D)
Eligible for subsidized health coverage? Y / N _____	
Health insurance premiums	\$ _____
Eligible for subsidized LTC coverage? Y / N _____	
LTC premiums (limited by age)	\$ _____
Include after-tax health or long-term care insurance premiums for the business owner, spouse (if filing jointly), dependents, and child under age 27 (even if not a dependent) paid by owner (or spouse if filing jointly), include Medicare or Medigap.	

### **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).

## Qualified Tip Deduction Worksheet (fillable)

For use by independent workers (Schedule C)

Taxpayer Name \_\_\_\_\_ Business name if different \_\_\_\_\_

Use this form if you receive tips in your business, you have a Social Security number that is valid for employment, and you are not married filing separately. If you have more than one business with tips, complete a separate worksheet for each business.

Occupation in which I get tips \_\_\_\_\_ Code # from page 2 \_\_\_\_\_

To claim the deduction, the tip must be included on a Form 1099 that you received. If a tip is not included in the amount reported on a 1099, it cannot be used for the tip deduction.

The tip must have been paid voluntarily and not required. List only those tips for which you have evidence, such as receipts, point-of-sale system reports, daily tip logs, third party settlement organization records, or other documentation of the voluntary tip.

**Taxpayers must retain the documentation to support their tip deduction.**

List your 2025 qualified tips based on the tax form on which they are reported:

<b>Voluntary tips included on</b>	
Form 1099-NEC	\$
Form 1099-MISC	\$
Form 1099-K	\$
<b>Total Tips</b>	<b>\$</b>

### For Tax-Aide Use

The tips deduction is limited to the business profit shown on Schedule C and must be computed and entered manually. QBI must then be reduced manually for the tips deduction amount. After making the calculations on this worksheet, enter the allowable tips deduction on Sch 1-A and enter a negative QBI adjustment on the Sch C screen as described below.

### If multiple Schedule C, complete this section for each business separately

Sch C line 31 for the business on this worksheet	(a)	\$
Total Tips from 1099 forms above	(b)	\$
Lesser of (a) or (b): Qualified Tips Deduction	(c)	\$

- Add line (c) amounts for all businesses on the return.
- Enter that total at *Additional Deductions* entry screen, *No Tax On Tips*, third field. TaxSlayer will apply the limit of \$25,000 per return.
- For each Schedule C make the following entry separately: Enter each line (c) as a negative amount at *Sch C > Qualified Business Income Deduction > Qualified Business Income Adjustment Amount*

<b>Beverage &amp; Food Service</b>	
101	Bartenders
102	Wait Staff
103	Food Servers, Nonrestaurant
104	Dining Room and Cafeteria Attendants and Bartender Helpers
105	Chefs and Cooks
106	Food Preparation Workers
107	Fast Food and Counter Workers
108	Dishwashers
109	Host Staff, Restaurant, Lounge, and Coffee Shop
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302	Concierges
303	Hotel, Motel, and Resort Desk Clerks
304	Maids and Housekeeping Cleaners
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402	Home Landscaping and Groundskeeping Workers
403	Home Electricians
404	Home Plumbers
405	Home Heating and Air Conditioning Mechanics and Installers
406	Home Appliance Installers and Repairers
407	Home Cleaning Service Workers
408	Locksmiths
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<b>Personal Services</b>	
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706	Recreational and Tour Pilots
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809	Home Movers

## 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.

<b>Student Information</b>	
Dependent student's filing status: Single (S); Married Filing Joint (MFJ) (or filing just to get a refund of withholding); Married Filing Separate (MFS); 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)	

<b>Funding Sources</b> (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.

<b>Expenses (Not all expenses qualify for both Education Credits)</b>	
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):	\$
	\$
	\$
	\$