

# AARP Tax-Aide

## Jefferson Twp. Public library

### How Your 2025 Tax Return Will be Prepared

Thank you for participating in the AARP Tax Aide program for the completion of your 2025 income tax returns. Your return will be prepared following the IRS and Tax-Aide requirements. Our process this year will be similar to that used last year.

**Please note ITEMS YOU WILL NEED TO BRING FOR YOUR TAX RETURN ON PAGE 3.**

Some other issues you should be aware of are as follows:

- It is most helpful to have paper copies of all forms to be used in preparing your tax return – SEE PAGE 3 for a list of forms needed.
- Social Security identification such as cards or statements for anyone on your return. Also picture ID for everyone who is filing the return. (copies are acceptable)
- Your tax returns for 2023 and 2024.
- Records of any overtime payments you received showing the premium portion if not reported on your W2. (*Your final 2025 pay stub may be helpful to bring.*)
- Record of tips received if not reported on your W2
- Identification number (VIN) for any new car purchased in 2025 for any new car loans.
- If you installed new windows, doors or energy efficient equipment, you should have a 4 digit QM code for the manufacturer (your contractor should get this for you if not provided)
- Personal check showing your bank information – paper check refunds will take longer for the IRS to process this year than in past years. Refunds sent directly to your bank account will be quickest. You can still make any payments by check.
- **PLEASE RESPECT THE HEALTH OF OUR COUNSELORS AND TAKE PRUDENT PRECAUTIONS IF YOU ARE FEELING ILL AND BE ON TIME FOR YOUR APPOINTMENT**

The process to prepare and check your tax return will take about 70-90 minutes. During this time, you should plan to stay at our location. If you must leave the property, you will need to provide a phone number where you can be reached in the event the volunteer has some questions about your return. Once your return is complete, the Tax-Aide Counselors will review the return with you and explain any issues. You will then need to sign an IRS form that will allow us to electronically file your return. We will give you a copy of your tax return and return all your tax documents to you.

If you have questions on this process, please contact us at **973-208-6244**

## **FORMS IN THIS PACKAGE**

- 1. Items You Will Need to Bring to Complete Your Tax Return** – This is a list of all the documents you may have received that will be needed to complete your tax return. Many of these forms may not apply to you but you can check your prior tax returns to see which ones you usually receive.
- 2. Intake Booklet Form** – Please complete the best you can we will review this with you
- 3. Itemization Deduction (Sch A) Worksheet** – please complete if you intend to itemize your deductions versus taking the Standard Deduction. In either case, please calculate your medical expenses since these costs may aid you on your state return.
- 4. Self-Employment (Sch C) Worksheet** – This is **only** applicable to anyone who was self-employed and may not apply to most people.
- 5. Education Credits Worksheet** – This will only apply if you have made payments to a college, university or trade school for yourself or any dependent on your return. You most likely would have received a Form 1098-T from the institution.

## ITEMS YOU WILL NEED TO BRING TO COMPLETE YOUR TAX RETURN

- COPIES OF YOUR TAX RETURN FOR THE LAST **TWO YEARS** (2023 AND 2024)
- SOCIAL SECURITY IDENTIFICATION FOR EVERYONE WHO WILL APPEAR ON THE RETURN (Social security cards or social security statements - copies are acceptable))
- PICTURE ID FOR ALL INDIVIDUALS ON THE RETURN (like a driver's license – copies are acceptable)
- ALL YOUR TAX FORMS FOR THIS YEAR INCLUDING
  - W-2s (*a year end pay stub is useful to bring also*)
  - Any Pensions and IRA withdrawal statements 1099-R
  - Social Security payment statements SSA-1099-R or Railroad Retirement Statement
  - Interest and Dividend tax Statements (1099-INT, 1099-DIV and broker statements reporting and investment transactions 1099-B)
  - A list of any **Anchor payments** you may have received from the state.
  - Completed forms in this package – to the extent they are applicable.
  - Health insurance forms if you purchased insurance from the state or federal Marketplace (Form 1095 A) and/or any form confirming your health insurance
  - Record of any federal or state tax payments toward your 2025 taxes
  - Any tax-related statements, letters or forms sent to you
  - Any form or information you feel is needed to prepare your return
- A check showing bank information to permit the direct deposit of any refunds or direct debits for any payments - if you intend to use this method. (The check will be returned to you or bring a copy.)

**Please note that any electronic copies of these forms you may have on your phone will increase the time needed to prepare your tax return. Please have paper copies of all the forms listed above necessary to complete your tax return**

## 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
-----------------	------	-----------	--------------------	----------------

Spouse's first name	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 (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>			<b>If you have a balance due, how would you like to make your payment</b>		
<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 _____					<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<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, 2025, what was your marital status					<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	--	--	--	------------------------------	-----------------------------

<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			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Did you and your spouse live apart all of the last 6 months of the year			<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> <b>Divorced</b>		<input type="checkbox"/> <b>Legally Separated but not Divorced</b>	Date of final decree _____ Date of separate maintenance decree _____			<input type="checkbox"/> <b>Widowed</b>	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.

---

## 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 to meet grant requirements and 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 and to send you other AARP Foundation program information.

---

**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>).

---

## 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](mailto: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 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).

## 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 Yr:	
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!**

## 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).

## 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):	\$
	\$
	\$
	\$