AARP Foundation®
Tax-Aide

We will prepare your tax return following the IRS and

AARP Foundation Tax-Aide requirements for IN-PERSON SERVICE.

Drop-Off Service will not be offered at any location, filers must remain at the tax site.

SERVICE OFFERED BY APPOINTMENT ONLY

Prior to your appointment,

- **Complete the *NY3 Intake Form* on the back of this page.**
- **Complete the enclosed *IRS Intake/Interview and Quality Review Sheet***
- **Collect all the required documents outlined in *Documents We Need to Prepare Each Tax Return***

Please note valuable information you received in your appointment confirmation email regarding additional forms you may need for your appointment.

Any returns with for hire income (Lift/DoorDash/Grub Hub) You must print out and complete a separate packet from HV-CASH.org.

If you have questions on this process, please contact us through the United Way's Help Line, by dialing 211 or 1-800- 899-1479, Monday - Friday 9:00 am - 4:00 pm or anytime at leddy@dutchesscap.org

This entire packet is also available for download from HV-CASH.org

Hudson Valley CA$H Creating Assets Savings and Hope

NY3 Intake Information Form TY 2023 - Counselor

For use by AARP Foundation Tax-Aide Program Only

AARP Foundation Tax-Aide

Taxpayer's Name (F/L):	County:	School District Name:
Time lived in NYS: __entire tax year __less than 6 months __more than 6 months but less than entire tax year.		

Bring the following documents and information for ALL persons included in the tax return

___Social Security or ITIN Cards

___Driver's Licenses

___HSA Self **OR** ___HSA Family **(for filers with a Health Saving Account)*

___HSA # Months Covered *

___HSA Distributions Form 1099-SA *

___HSA Contributions Form 5498-SA *

$______________**OR** If HSA Contribution form is not yet available amount that was contributed *

___School District Tax Bill including STAR

___City/Town/Village/County Tax Bill(s)

___Library Tax (may be included on another tax bill)

___Federal/State Estimated Payments (Amounts/Dates)

___Blank/Void Bank Check (Routing/Account #)

___Electronic Transfer **OR** ___Mail if **Refund Due**

___________Withdrawal Date **IF Balance Due AND** you want an Electronic Bank Payment

Consider "you" in most questions to include spouse if filing a joint return and dependents.

Credits You May Be Entitled To (All items in Taxslayer/Credits)	**Yes**	**No**	**Not sure**
1. Did you pay long-term care insurance premiums during the tax year? **(IT-249)**	$		
2. Were you an active volunteer firefighter or ambulance worker for the entire tax year? **(IT-245)**			
3. Did you pay unreimbursed **undergraduate** college tuition expenses by cash, check, credit card, borrowed funds, or 529 programs for yourself, your spouse, or your dependent(s)? **Note:** Does not include scholarships or other financial aid not required to be repaid. **(IT-272 or IT-203B)**			
4. Did you pay child support for a minor child not living with you (noncustodial parent) through the NYS support collection unit for at least half of the year? **(IT-209)**			
5. Was the total income for all individuals living in the household $18,000 or less; the NY home you owned and occupied has a current market value of $85,000 or less; or was your monthly rent $450 or less not counting utilities? **(IT-214)**			
6. Was any of your income taxed by another state or local government? **(IT-112R**)			
7. Do you use clean fuel oil (biofuel) for residential heating? Bring required details/invoices that must include purchase date, gallons of biofuel, and % of biodiesel per gallon of biofuel. **(IT-241)**			
8. Did you purchase, install, or lease a solar energy **(IT-255)** or geothermal **(IT-267)** system or equipment at your residence during the tax year? Or electric vehicle (if yes, we cannot complete your return)			
9. Did you pay nursing home special assessment expenses during the tax year? **(IT-258)**			
10. Did you receive the STAR ___"credit" (mailed check/direct deposit) or ___"exemption" (deducted on school tax bill), and pay property taxes? Bring tax bills and payment details. **(IT-229)**			

Additions and Subtractions	**Yes**	**No**	**Not sure**
11. Did you make contributions **(Subtractions from Income)** to, or receive a distribution (**Additions to Income)** from, a **New York State** 529 College Savings Plan during the tax year owned by you or your spouse? Bring documentation.			
12. Did you repay income received in a prior tax year that was previously included in NY income? **(Subtractions from Income/Other Subtractions)**			
13. Did you receive a healthcare and mental hygiene worker's bonus? Bring records if not on W2. **(Subtractions from Income/Other Subtractions, IT-225, S-143)**			
14. Are you currently disabled, under age 65, and receiving a disability pension during the tax year? **(Subtractions from Income/IT-221)**			
15. Did you receive payments to care for an individual living in the same home? **(Additions to Income)**			

16. **For Beneficiary Pensions Only**	___Public Safety Officer Beneficiary	___Disability Beneficiary
Pension Start Date:	Tax Year Spouse Died:	Spouse's Birth Date:
17. If receiving a beneficiary pension or IRA payments, what share did you receive? (Pension Exclusion)		%

Documents Needed to Prepare Each Tax Return

You MUST provide items (1) (2) (3) and items (4) if it applies. These items are required by law. If you do not provide them, we cannot prepare your return. Provide all items that are applicable to you, if waiting for a tax form the day before your appointment, call and reschedule.

Look at your last year's tax return (2021 or 2022) and make certain that you either have a tax form from every person/organization from which you received one in the prior year or know why you do not have that form.

Item Form or Document		Description and Notes
Required		
1	Government-issued photo ID for you (and your spouse if married filing joint)	Driver's license, passport, military or other government ID card. If you have a Driver's license or DMV State ID for taxpayer (and spouse) it is required for filing NYS return.
2	Social Security card and that of your spouse if married filing jointly	Bring originals or documentation from the Social Security office, cannot accept photocopies. Social Security SSA-1099 statement is acceptable as well.
3	Social Security card or ITIN for each dependent(s) named on your return	ITIN numbers should be supported by an issuing letter
4	Identity Theft or Self Requested PIN Number	If victim of identity theft or you requested a PIN from the IRS bring this PIN number
Most Common (Electronic Documents Must be Printed)		
5	IF YOU ARE A **HOMEOWNER** WE WILL NEED: • School & Property Tax Bills • If you received a STAR Credit check from the state (typically around Aug/Sept), then bring a record of the amount of that check.	
6	Direct deposit or direct debit -Proof of bank routing and account number. (Fastest and safest way to receive your refund)	Provide a check or some other documentation with your bank's name, routing number and your account number. Do not provide a deposit slip for your account
7	Your **2022** tax returns	For comparison purposes and carryovers
8	**Form W-2** – Wages/Salary from employment	Need a W-2 from every place you were employed in 2023
9	**Form 1099-G** - Unemployment compensation	NYS DOL will automatically mail 1099-G tax forms unless you previously opted to only receive their tax forms electronically. You can also receive your 1099-G online. The 1099-G for '23 will be available in your online account at labor.ny.gov/signin to download and print by mid-Jan.
10	**Form 1099-INT** - Interest Income and **Form 1099-DIV** - Dividend and Distributions	You may receive these from your bank, credit union, broker, mutual funds, insurance companies etc.

11	**Form 1099-R** – Distribution from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRS's, Insurance contracts	Income distributed from any of these plans, it will also include rollover distributions.
12	**Form SSA-1099** – Social Security Benefit Statement	From Social Security Administration showing benefits received in 2023.
13	**Form RRB-1099-R** – Annuities or Pensions from the Railroad Retirement Board	Retirement or pension income from you or your spouse's railroad retirement
14	**Form 1099-B** Proceeds from Broker and Barter Exchange Transactions	Brokerage statements, etc. showing your stock, bond, and other investment transactions
15	**Form W-2G** – Certain Gambling Winnings (losses only if you itemize)	This includes casino, bingo or lottery winnings for which you received a W-2G.
16	**Form 1095-A** – Health Insurance Marketplace Statement	If you or anyone on your tax return obtained health insurance thru the Marketplace with a Premium Tax Credit you MUST bring in the 1095A
17	**Form 1098-T** –Tuition Statement	You will receive this document from an educational institution attended by you, your spouse or dependent(s)
18	**Education expenses** Download **<u>Education Credit Worksheet</u>** from **<u>www.HV-CASH.org</u>** to summarize expenses for each student	
19	**Form 1099-MISC** – Miscellaneous Information	Reflects income received from royalties, rents, prizes or awards, or medical and health care payments
20	**Form 1099-NEC** – Nonemployee Compensation	Reflects income for work performed as an independent contractor or for self-employment
21	**Self-Employment Expenses** Download a **<u>Schedule C Worksheet</u>** from **<u>www.HV-CASH.org</u>** to summarize expenses for each business.	
22	**Form 1099-K** – Payment Card and 3rd Party Network Transactions	May receive this form if you performed for hire driving services or received income through 3rd party payment network – Ex. Uber, Lyft, DoorDash, GrubHub, etc.
23	**Form 1099-C** – Cancellation of Debt	For non-business credit card debt. Cannot be related to bankruptcy or if you were insolvent.
24	**Itemizing** Download a **<u>Schedule A Worksheet</u>** from **<u>www.HV-CASH.org</u>** to summarize expenses.	
25	Cash/Other Income	All cash income is reportable and subject to tax. Other income, i.e. jury duty, election inspector, etc.is subject to tax. Any gambling winnings for which you did not receive a W-2G.
26	**<u>Divorced Or Legally Separated – (If you are receiving alimony)</u>** *Former Spouse's Full Name & Social Security Number - Date of Final Decree or Date of Maintenance Decree - Amount of Alimony* **<u>Married Filing Separately</u>** *Spouse's Full Name and Social Security Number*	
27	IF COMPLETING ***2020, 2021 or 2022 TAX RETURN***, ADDITIONAL INFORMATION WILL BE REQUIRED GO TO, **<u>www.HV-CASH.org</u>** for a complete list.	

Form **13614-C** (October 2023)	Department of the Treasury - Internal Revenue Service **Intake/Interview and Quality Review Sheet**	OMB Number 1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social Security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth	5. Your job title	6. Last year, were you: a. Full-time student ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student ☐ Yes ☐ No b. Totally and permanently disabled ☐ Yes ☐ No c. Legally blind ☐ Yes ☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ No

12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?

- ☐ Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- ☐ Married
  - a. If Yes, Did you get married in 2023? ☐ Yes ☐ No
  - b. Did you live with your spouse during any part of the last six months of 2023? ☐ Yes ☐ No
- ☐ Divorced — Date of final decree ____________
- ☐ Legally Separated — Date of separate maintenance decree ____________
- ☐ Widowed — Year of spouse's death ____________

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name (first, last) Do not enter your name or spouse's name below (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (for example: son, daughter, parent, none, etc) (c)	Number of months lived in your home last year (d)	US Citizen (yes/no) (e)	Resident of US, Canada, or Mexico last year (yes/no) (f)	Single or Married as of 12/31/23 (S/M) (g)	Full-time Student last year (yes/no) (h)	Totally and Permanently Disabled (yes/no) (i)	**To be completed by a Certified Volunteer Preparer** Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than $4,700 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
☐	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** ______
☐	☐	☐	2. (A) Tip Income?
☐	☐	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☐	☐	6. (B) Alimony income or separate maintenance payments?
☐	☐	☐	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
☐	☐	☐	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
☐	☐	☐	12. (B) Unemployment Compensation? (Form 1099-G)
☐	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☐	☐	14. (M) Income (or loss) from rental property?
☐	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
☐	☐	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ Roth IRA (B) ☐ 401K (B) ☐ Other
☐	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☐	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
☐	☐	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☐	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☐	☐	3. (A) Adopt a child?
☐	☐	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? ______
☐	☐	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☐	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? ______
☐	☐	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☐	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☐ No If yes, which language? ____________

2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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

4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No

5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? ____________

6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No

7. Would you like information on how to vote and/or how to register to vote? ☐ Yes ☐ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

8. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer

9. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer

10. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer

11. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer

12. Your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer

13. Your spouse's race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
☐ No spouse

14. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

15. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Optional Questions for AARP Foundation

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

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

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

☐ Yes ☐ No ☐ Prefer not to answer

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

☐ Yes ☐ No ☐ Prefer not to answer

19. Did you save part of your refund last year?

☐ No refund last year ☐ Yes ☐ No ☐ Don't remember ☐ Prefer not to answer

20. Do you rent or own your home?

☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer

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

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

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

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

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

☐ Yes ☐ No ☐ Prefer not to answer

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

☐ Yes ☐ No ☐ Prefer not to answer

Opportunity to Save Your Refund

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

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

How to Use this Intake Booklet

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

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

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

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

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

Form **15080** (October 2023)

Department of the Treasury - Internal Revenue Service

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, 2025.

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, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (https://www.tigta.gov/reportcrime-misconduct).

Consent to Disclose/Use Information to AARP Foundation

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

I/We authorize the AARP Foundation as follows:

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

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

Personal Information: The tax return information that will be disclosed includes—but is not limited to—demographic, financial and other personally identifiable information, about you, your tax return, your sources of income, and any other data that was input into the tax preparation software.

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

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Consent for AARP Foundation to Use Select Tax Return Information

Federal Disclosure

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

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

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

I/We authorize AARP Foundation as follows:

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

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

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

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

For-Hire Driver Pre-Appointment Instructions

Includes rideshare drivers *(Uber, Lyft and similar services)*
Includes delivery & courier drivers *(Grubhub, DoorDash, Postmates and similar services)*

Congratulations, if you are an independent contractor providing rideshare or courier services then you are also a small business owner! The Tax-Aide service can prepare an in-scope personal income tax return for you, including a Schedule C for sole proprietorship business income. However, as a business owner you are responsible to keep track of and understand all of your business income and expenses.

For us to prepare your tax return, all of the following are mandatory.

- *All 3 of the following are required from every service you drove for. These probably were not mailed to you, so you'll have to login to your account(s) for whatever service(s) you are driving for.* ***If you have any difficulty in getting these or in understanding them, you'll need to contact the service you were working for before coming in to your appointment.***

  1. Form 1099-K: *summarizes payments received from all the clients that you drove or delivered to. If you had less than $20,000 in payments from your service or less than 200 trips, you may not have gotten a 1099-K; however this income is still taxable.*
  2. Form 1099-MISC: *summarizes payments received from the service you worked for, including promotions, referrals and other payments. Typically, these are only produced for amounts of $600 or more, but smaller amounts are still taxable.*
  3. Tax Summary (may be called something similar, for example: Annual Summary, Annual Statement, etc.) *produced by whatever service(s) you were working for. This breaks down your annual earnings and some of your business-related expenses that may be deductible.*

  - Print *all of these prior to your appointment. We cannot work off of your phone or a website you log into.*

- Other business income and expenses. **Note:** *If you drove for both a rideshare service and delivery/courier service then all of the below must be broken out between those 2 categories (Uber and Lyft can be combined, but must be separate from Grubhub and DoorDash which can be combined).*

  1. Summary of **cash** tips received. *Do not include tips received through the service as they would have included them already in your 1099-K or equivalent.*
  2. Summary of your recorded miles driven in 3 categories. *You need a detailed log to substantiate your mileage for the IRS, but need to provide totals for these categories.*

     - Business miles: *Includes miles driven while you had a customer in the car or were delivering to one. Also includes miles driven between rides/deliveries excluding to/from your first/last trip of the day (see next bullet). For TY2023, business miles will be expensed at 65.5 cents per mile.*
     - Commutation: *includes miles driven to/from your first/last customer of the day.*
     - Other miles

For-Hire Driver Pre-Appointment Instructions

  - While it is permissible to deduct actual vehicle expenses instead of using the standard mileage rate, doing so is out of scope of the Tax-Aide service. The following actual vehicle expenses cannot be deducted separately when using the standard mileage rate which already covers them: normal auto insurance, lease expense, depreciation, maintenance and repairs, fuel, car washes, registration, etc.

3. Expenses incurred that were 100% business use. For example: tolls, parking, airport fees, snacks/water for passengers, rideshare insurance, charging cables for passenger use, etc.

S. Expenses incurred that were only partially business use. For example: auto loan interest, cell phone and mount, first aid kit, flares, road-side assistance plan, dash camera, etc. These will need to be allocated between how much was business vs. personal use (typically via the ratio of business vs. total annual miles).

- If your business expenses exceed your business income then you have a loss for the year which would be declared on your tax return so that it could offset other income that you have and/or carry back/over to prior/following years to offset income from that year. Profit/loss must be calculated separately for rideshare vs. delivery/courier services.

Total your business income and expenses. **If your expenses exceed your income:**

1. Please cancel your Tax-Aide appointment as we cannot prepare a return that includes a business loss. We cannot ignore any valid expenses to pretend there is no loss. We cannot provide you with a partially completed return.
2. Consider if you will prepare your return on your own or if you need to make an appointment with a paid preparer. We cannot advise you on how to prepare your own return or recommend a paid preparer.

2023 Self-Employed (Sch C) Worksheet (type-in fillable)

(Complete a separate worksheet for each business)

Business owner's name: ________________________________

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

If you checked any of the above, we are unable to prepare your return per the IRS.

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

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

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

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

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

Drivers – be sure you have with you today:

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