

## COVID-19 SCREENING

Please read each of the following questions carefully. If you answer **Yes** to **ANY** of these questions, please contact us; we will reschedule your appointment to a later date.

In the past 48 hours, have you experienced any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

Are you currently waiting on the results of a COVID-19 test?

If you answered **NO** to **ALL** of the above questions, please come to your scheduled in-person appointment and bring all of your required materials with you.

If you answered **YES** to **ANY** of the above questions, please contact us and we will reschedule your appointment for a later date.

## HOW YOUR RETURN WILL BE PREPARED BY AARP FOUNDATION TAX-AIDE

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### Traditional-Scan Tax Preparation

1. Under the Traditional-Scan service, you will be given an appointment and asked to complete IRS Form 14446 (this form authorizes us to assist you with preparation of your return using scanning technology and Cloud storage) and the Tax-Aide Intake Booklet prior to arriving for your appointment.
2. When you arrive for your appointment, a Tax-Aide volunteer will review all of your documents; conduct an intake interview; and scan your signed Form 14446, completed Intake Booklet, government-issued photo ID, Social Security cards for yourself and everyone listed on your return, and all of your tax documents.
3. The scanned files will be uploaded to a secure Google Drive. Your tax information will be shared only with the Tax-Aide Counselors who are assigned to prepare your return. Before leaving the site, you will be given an appointment time taking place no more than one week later.
4. When you come back for your follow-up appointment, one of our Counselors will review the completed return with you. After approving the return, you will be asked to sign an IRS Form 8879. Your signature on the Form 8879 (1) authorizes us to e-file your return on your behalf and (2) acknowledges that you understand the accuracy and completeness of the return is your responsibility. You will receive the original Form 8879 with your signature and a copy of your tax return prior to leaving the site.
5. All of your scanned files will be deleted within 48 hours following acceptance of your e-filed return by all applicable tax agencies (IRS and your State Department of Revenue, if applicable) or 14 days following the date on which your documents are scanned.

### Low-Contact Tax Preparation

1. The Low-Contact service method has two options. The first option requires only one in-person meeting (roughly 15 – 20 minutes) between you and our volunteers. The second option requires two in-person meeting between you and our volunteers; the first meeting will be roughly 15 – 20 minutes, the second will be roughly 10 minutes.

2. For the one visit option, you must have access to a computer, an Internet connection, and email, a printer, and the ability to participate in a Google Meet video conference on your computer (the video conference does not require any special software and we will provide you with instructions). For the two-visit option, you must have access to a computer, an Internet connection, email.
3. Under the Low-Contact service method, you will be given an appointment and asked to complete IRS Form 14446 (this form authorizes us to assist you with preparation of your return using scanning technology, Cloud storage for your information, and secure email) and the Tax-Aide Intake Booklet prior to arriving for your appointment. When you arrive for your appointment, a Tax-Aide volunteer will scan your signed Form 14446, completed Tax-Aide Intake Booklet, your government-issued photo ID, Social Security cards for yourself and everyone listed on your return, and all of your tax documents.
4. The scanned files will be uploaded to a secure Google Drive. Your tax information will be shared only with the Tax-Aide Counselors who are assigned to prepare your return. You will be given an appointment for a telephone or Google Meet intake interview with a Tax-Aide volunteer.
5. Once your return has been prepared and quality reviewed by a team of our IRS-certified Counselors, you will receive an electronic copy of your completed return and an IRS Form 8879 via a shared file link. One of our Counselors will review the return with you via phone or Google Meet video conference.
6. Once you approve the return, and depending on whether you have elected to have one in-person meeting with our volunteers or two in-person meetings, you will either (a) return to the site on a date and at a time that has been scheduled, sign the Form 8879, and receive a printed copy of your return; or, (b) print out a copy of the Form 8879, sign it during the Google Meet video conference, and show it to the computer's camera so our Counselor can see the signed document. Your signature on the 8879 (1) authorizes us to e-file your return on your behalf and (2) acknowledges that you understand the accuracy and completeness of the return is your responsibility. **Your return cannot be e-filed until you have signed the Form 8879 in the presence of our volunteers or during a Google Meet video conference with one of our volunteers.**
7. All of the scan files you provide to us will be deleted within 48 hours following acceptance of your e-filed return by all applicable tax agencies (IRS and your State Department of Revenue, if applicable) or 14 days following the date we originally scanned your documents.

### Contact-Free Tax Preparation

1. Using the Contact-Free method, everything will be done virtually; there will be no in-person meetings between you and our volunteers. You must have access to a computer, an Internet connection, email, a printer, and the ability to participate in a Google Meet video

conference on your computer (no special software is required for the video conference and we will provide you instructions).

2. Under the Contact-Free tax preparation method, you will receive electronic copies of the IRS Form 14446 (this form authorizes us to assist you with preparation of your return using scanning technology, Cloud storage for your information, and secure email), the Tax-Aide Intake Booklet, along with other instructions you need to get us your information. Once you have gathered all of the requested materials, you will scan/digitize/photograph the documents so that they are in electronic format. You will attach your scanned files to an email that you will send to us (we will provide you with the email address).
3. **You are sending us scanned copies of documents containing sensitive personally identifiable information belonging to you and your family members. You must take all reasonable precautions to ensure the safety of your information when emailing it. Those precautions include, but are not limited to, sending the information over a secure network and double checking that you are sending your information to the email address we provide you.**
4. Your electronic files will be stored on a secure Google Drive and will be available only to the Tax-Aide Counselors who are working on your tax return. You will receive an appointment for an intake interview with one of our IRS-certified Counselors; that interview will take place over the phone or in a Google Meet video conference. Following the intake interview, your return will be prepared by a Tax-Aide Counselor and quality reviewed by a second Counselor. We will schedule another phone call or Google Meet video conference with you to review your return.
5. Once your return has been prepared and quality reviewed by a team of our IRS-certified Counselors, you will receive an electronic copy of your completed return and an IRS Form 8879 (8879) via a shared file link. One of our Counselors will review the return with you via phone or Google Meet video conference.
6. Once you approve the return, you (and your spouse, if married) will be asked to sign IRS Form 8879. You will be asked to print out a copy of the Form 8879, sign it during the Google Meet video conference, and show it to the computer's camera so our Counselor can see the signed document. Your signature on the 8879 (1) authorizes us to e-file your return on your behalf and (2) acknowledges that you understand the accuracy and completeness of the return is your responsibility. **Your return cannot be e-filed until you have signed the Form 8879.**
7. All of the scanned files containing your personally identifiable information will be deleted within 48 hours following acceptance of your e-filed return by all applicable tax agencies (IRS and your State Department of Revenue, if applicable) or within 14 days of the date we received the files from you.

## **AARP FOUNDATION TAX-AIDE TAX PREP**

### **Explanation of IRS Form 14446**

Form 14446 is an IRS-required form and this completed form is mandatory for the preparation of your return. Your signature on this form gives AARP Foundation Tax-Aide permission to prepare your return in a non-face-to-face environment.

Preparation of your return will require the use of one or more of the following: (a) scanned documents, (b) telephone or Google Meet for taxpayer interviews, resolution of questions that arise during return preparation or quality review, review of the completed return, and (c) the use of email. Exactly which of these methods will be used in preparation of your return depends on which service delivery model you are using.

Our service delivery models are Traditional Scan, Low Contact, and Contact Free. This packet contains a separate document, titled “How Your Return Will be Prepared”, that explains what technologies are used to prepare your return under each of these models.

Before signing the Form 14446, you have the right to fully understand how your return will be prepared, quality reviewed, and delivered to you. Please read the “How Your Return Will be Prepared” document. If you have any questions, please contact the Tax-Aide volunteer who sent you this information.

If you do not have any questions and agree to your return being prepared as described in the “How Your Return Will be Prepared” document, you and your spouse (if married) must sign and date page 3 of the Form 14446.

If you are scanning your documents for delivery to our volunteers (using the Contact-Free Model), you **must** include all three pages of the Form 14446 in the scan files you send to us. If the signed 14446 is not included with your files, we will contact you and you will have 72 hours to send a scan of the entire 14446 to us. If we do not receive the signed 14446 in that time, we are required to **delete all of the files you have provided**. We cannot start or prepare your return without having the signed Form 14446.

If you are coming to a site for our volunteers to scan your documents, you **must** bring the signed Form 14446 – signed by you and your spouse, if married – to your appointment. We cannot scan your documents without the signed Form 14446.

# Intake/Interview & 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.

- 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](mailto: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	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address		Apt #	City	State
4. Your Date of Birth	5. Your job title	6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II – Marital Status and Household Information**

1. As of December 31, 2020, 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 2020?  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

											<b>To be completed by a Certified Volunteer Preparer</b>				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	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 \$4,300 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)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)							

## Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) <b>If yes, how many jobs did you have last year?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

**Additional Information and Questions Related to the Preparation of Your Return**

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) \_\_\_\_\_
- 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      b. To purchase U.S. Savings Bonds      c. To split your refund between different accounts  
 Yes       No       Yes       No       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

**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.**

- 7. 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
- 8. Would you say you can read a newspaper or book in English?       Very well       Well       Not well       Not at all       Prefer not to answer
- 9. Do you or any member of your household have a disability?       Yes       No       Prefer not to answer
- 10. Are you or your spouse a Veteran from the U.S. Armed Forces?       Yes       No       Prefer not to answer
- 11. Your race?  
 American Indian or Alaska Native       Asian       Black or African American       Native Hawaiian or other Pacific Islander       White       Prefer not to answer
- 12. 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
- 13. Your ethnicity?       Hispanic or Latino       Not Hispanic or Latino       Prefer not to answer
- 14. Your spouse's ethnicity?       Hispanic or Latino       Not Hispanic or Latino       Prefer not to answer       No spouse

Additional comments

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**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 continued...

15. Your gender?  Male  Female  Transgender  Prefer to self-describe  Prefer not to answer
16. Your spouse's gender?  Male  Female  Transgender  Prefer to self-describe  Prefer not to answer  No spouse
17. 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  5  6 or more  Prefer not to answer
18. We realize that income is a private matter and want to respect that privacy. So rather than ask anything specific about your income, please indicate your annual household income last year. (select one)  
 \$30,000 or less  \$30,001 – \$40,000  \$40,001 – \$51,000  \$51,001 – \$61,000  
 \$61,001 – \$71,000  \$71,001 – \$82,000  \$82,001 – \$166,000  \$166,001 or more  
 Prefer not to answer
19. Did you save part of your tax 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
- 

### 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.

Last year, around 34,000 Tax-Aide users 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.

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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 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 to the program sponsor – AARP Foundation Tax-Aide – to assist in program development, to help support the funding of this free service and to send you other AARP Foundation program information if requested.

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**Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services.** AARP Foundation has several valuable free programs and services dealing with income, housing, hunger, volunteering, employment, and more that may be of interest to you. Sign this form if you want to allow AARP Foundation—the charitable affiliate of AARP—to send you information about free programs and services. Your data will not be shared with AARP or AARP’s licensed service providers for the purposes of membership marketing or paid offers.

## Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

**Federal Disclosure:**

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

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

**Terms:**

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 12, 2022.

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.

*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 12, 2022). 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, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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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 and administrative assistance 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).

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# Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services

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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 in support of low-income and vulnerable older Americans. In addition to Tax-Aide, AARP Foundation offers free programs or services related to Experience Corps (volunteer tutoring teaching children to read), Housing, Hunger, Income, Isolation, Volunteer Engagement, and Workforce and Jobs. Some or all of these programs or services may be relevant to you.

If you would like AARP Foundation to use your tax return information to help determine whether other free AARP Foundation programs or services might be available and relevant to you, and to send you details about how to access these programs or 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 contact and personal information (name, address, email address, phone number), age, adjusted gross income, household size and income and refund allocations from your tax return.

**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).



Name		Date		
County		Town & School District		
<b>New York State (answer questions 1-23)</b>		<b>Yes</b>	<b>No</b>	<b>Unsure</b>
1.	Was your federal adjusted gross income plus New York additions more than \$4,000 (\$3,100 if you are single and can be claimed as a dependent on another taxpayer's federal return)?			
2.	Was your only source of income Social Security benefits?			
3.	Did you purchase taxable property or services for use in New York State without paying sales and use tax at the time of purchase? <b>(line 59 on Form IT-201 or line 56 on Form IT-203 – do not leave blank)</b>			
4.	Do you keep records of all your income, expenses, and deductions?			
5.	Were you (and your spouse if filing a joint return) a New York State resident for the entire tax year? <b>(If No, skip to question 9.)</b>			
<b>Credits</b>				
6.	Did you pay child support through the NYS support collection unit for at least one-half of the year? <b>(IT-209)</b>			
7.	Were you (or your spouse if filing a joint return) an active volunteer firefighter or ambulance worker for the entire tax year? <b>(IT-245)</b>			
8.	Was your total household income (all individuals living with you) under \$18,000? <b>(IT-214)</b>			
9.	Did you pay <b>undergraduate</b> college tuition expenses by cash, check, credit card, or with borrowed funds, for yourself, your spouse, or your dependent(s)? <b>Note:</b> This does not include scholarships or other types of financial aid that are not required to be repaid. <b>(IT-272 or IT-203-B)</b>			
10.	Did you pay nursing home expenses (special assessment) during the tax year? <b>(IT-258)</b>			
11.	Did you pay long-term care insurance premiums during the tax year? <b>(IT-249)</b>			
12.	Was any of your income taxed by another state or local government <b>(IT-112-R)</b> or did you pay taxes to a province of Canada? <b>(IT-112-C)</b>			
13.	Do you use clean fuel oil (biofuel) for residential heating? <b>(IT-241)</b>			
14.	Did you purchase or lease solar energy system equipment and install it at your principal residence during the tax year? <b>(IT-255)</b>			
<b>Modifications (additions and subtractions)</b>				
15.	Did you contribute to the NYS retirement system or NYC flexible benefits program during the tax year? (shown in box 14 on your W-2 as <b>414(h)</b> or <b>IRC125</b> )?			
16.	Did you make contributions to a <b>NYS 529</b> College Savings Plan during the tax year?			
17.	Did you receive interest on U.S. government bonds during the tax year?			
18.	Did you (or your spouse if filing a joint return) receive a pension or other distribution from a New York State, local government, or federal government pension plan?			
19.	Did you (or your spouse if filing a joint return) receive a pension or other distribution that was <b>not</b> from a New York State, local government, or federal government pension plan?			
20.	If you answered <b>Yes</b> to question 19, was the person who received the pension 59½ or older during the tax year?			
21.	Did you receive pension payments as a beneficiary of a pension plan?			
22.	If you answered <b>Yes</b> to question 21, what share of that pension did you receive?			
23.	Did you (or your spouse if filing a joint return) receive disability income during the tax year? <b>(IT-221)</b>			

## Economic Impact Payments (EIPs) Worksheet

Also known as stimulus payments

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

### First EIP:

Did you receive the first EIP?  Yes  No                      If so, how much: \$\_\_\_\_\_

*Hint:* Would have been \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child under the age of 17. You should have received a letter from the White House (Notice 1444) a week or two after the payment.

### Second EIP:

Did you receive the second EIP?  Yes  No                      If so, how much: \$\_\_\_\_\_

*Hint:* Would have been \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child under the age of 17. You should have received a Notice 1444-B a week or two after the payment.

### General Notes:

Income phase-out: the EIP amounts were reduced if your income on your 2019 (or 2018) return was more than \$75,000 (\$150,000 if married filing jointly or \$112,500 if head of household status).

The EIPs might have been deposited directly to your bank account, you might have received a check, or you might have received a prepaid debit card. In some cases, the EIP may have been paid in more than one installment.

### Steps to follow to confirm EIPs received:

- Check your bank records.
- Did you receive Notice CP21C – it might have said you did not get a payment and why.
- Check to see if IRS reports a payment(s): go to **IRS.gov** and search “**Get My Payment**” and follow the instructions. It will tell you if the IRS sent you an EIP and the dates and method of each. Go back to your bank records to confirm that you received the EIP(s).
- You can also confirm the exact amount of the EIPs issued by setting up and accessing your account at **IRS.gov/account**. This requires you confirm your identity with an authentication code on your cell phone or you can receive the code by U.S. mail. You will need to do this for each spouse if married filing jointly.
- If IRS says they sent you an EIP(s) but you did not receive one or both, start a trace by calling the IRS at **800-919-9835** or completing **Form 3911**, Taxpayer Statement Regarding Refund.

A credit can be claimed on your 2020 return if you did not get the full amount to which you are entitled based on your 2020 income. That credit will be rejected if the IRS records show that you received a payment unless you start a trace for a lost or stolen payment as per above.

Note: an individual who died before January 1, 2020 is not eligible for either EIP. If one or both was received, the procedure to return the payment(s) are here: [Returning EIP](#).

## Are You (and/or your spouse) Self-Employed? **START HERE!**

- 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 a Form 1095-A  
 I need to report a business loss  
 I don't use the cash method of accounting

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

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

Income	
Forms 1099 (-NEC, -MISC, -K)	\$
Cash, checks, etc. (incl. tips)	\$
Business expenses	
Advertising	\$
Commissions and fees	\$
Health insurance premiums	\$
Business insurance	\$
Interest on business loans	\$
Office expense/supplies	\$
Rent (not home office)	\$
Repairs	\$
Supplies	\$
Licenses or fees	\$
Business use of car or truck	
Total mileage for year	
Business miles	
Commuting miles	
Other miles	
Vehicle description:	
Date placed in service:	

Business expenses (cont)	
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Other (specify)	\$
Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$

**Drivers** – be sure you have with you:

- 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 site.
- Your trip miles **AND** your between-trip miles (do not include from home to first stop nor from last stop to home).



# Itemized Deductions Worksheet

**Guidance:** We do not need your details. Just enter your totals for each expense line even if it doesn't seem like you will have enough to itemize. We will determine whether your total itemized deductions or the Standard Deduction for 2020 is better for you. [Single or Married Filing Separately: \$12,400. Married Filing Jointly: \$24,800. Head of Household \$18,650. In addition, if blind or over 65: \$1,300 for each married filer on a joint return, \$1,650 for Single and Head of Household filers.]

## Medical and Dental Expenses

**Guidance:** Medical and dental expenses are **deductible only to the extent they exceed 7.5%** of your Adjusted Gross Income for Tax Year 2020 and are not reimbursed/paid by insurance.

Medical and dental insurance premiums paid to insurer by taxpayer or spouse, ( <b>exclude</b> Medicare reported on an SSA-1099; <b>exclude</b> premiums reported on a Schedule C worksheet)	\$
Long term care insurance premiums ( <b>exclude</b> premiums reported on a Schedule C worksheet) (if more than one person list each separately)	\$
Amounts paid directly to doctors and dentists	\$
Amounts paid for prescription medications	\$
Amounts paid for medical imaging (X-Rays, CAT Scans, MRI, etc.), Lab Work, ...	\$
Nursing care (excluding healthy baby or housework components of payments)	\$
Hospital care including meals and lodging	\$
Medical aids (prescription eye glasses, hearing aids, crutches, wheelchairs, ...)	\$
Medical mileage driven for care	# miles
Other medical expenses (explain)	\$

Notes and questions:

## Taxes You Paid

(generally limited to a maximum of \$10,000)

Did you live in the same Zip Code all year?	Y/N	If 'No', what other Zip Codes did you live in last year?	Zip 2	Days
IF 'No', how many days did you live in the Zip Code on your Intake Form?	Days		Zip 3	Days
Sales tax on major purchases (car/boat/motorhome, home purchase or substantial addition to home, if general sales tax applies, ...)	\$			
4 <sup>th</sup> Quarter 2020 State Income Tax Estimated Payment if paid <b>after</b> 12/31/2019	\$			
Property taxes (non-Business Property)	\$			
Tax deductible portion of vehicle registrations (only the line labeled "vehicle license fee")	\$			
Other State & Local taxes (explain):	\$			

# Itemized Deductions Worksheet

## Mortgage Interest

**Guidance:** Mortgage Interest is only deductible for mortgages on your primary residence and one secondary home, up to certain principal amounts depending on the year the loan originated, and only to the extent proceeds were used to buy, build or substantially improve the residence which is the collateral for the mortgage. The interest on a home equity loan is disallowed as a mortgage interest deduction unless the home equity loan was used to build, buy, or substantially improve a qualified residence. Interest on loans which do not meet these requirements is not deductible.

**Include any Form 1098 Mortgage Interest Statements in the Tax Documents you provide to Tax-Aide**

Were the proceeds of the loan(s) used entirely to buy, build or substantially improve only the residence which is the collateral for the mortgage? If <b>No</b> , we will be unable to include mortgage interest as an itemized deduction.	Y/N	Y/N
--	-----	-----

Main home mortgage (add second page if there is a secondary home)	Original principle amount	\$
	Date of loan	
	2020 interest paid	\$
	Private Mortgage Insurance required by lender	\$
Home equity loan used only to build, buy, or substantially improve residence	Original principle amount	\$
	Date of loan	
	2020 interest paid	\$
	Private Mortgage Insurance required by lender	\$

## Gifts to Charity

Note: up to \$300 of cash charitable contributions can be deducted if you do not itemize.

Cash Gifts to Charity - (including check, credit/debit card) – Enter as a total on this line: (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	\$
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Did you make non-cash gifts to charity(s)?	Y/N	Charitable mileage	Miles
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IF "Yes" did they total less than \$500?	Y/N	Total of all non-cash gifts	\$
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IF non-cash gifts total more than \$500 continue providing required information for each charity below. If you donated to more than two charities add a page. **If you donated a vehicle include the 1098C in the Tax Documents you provide.** (We are unable to prepare your return if the total is more than \$5,000 or you donated a vehicle worth more than \$500.)

For non-cash gift to charity > \$500 provide a description and fair market value of the property for each charity: <i>Description</i>	\$ FMV
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Name & address of the organization you donated to:

Date of contribution: MM/DD/YY	Date you acquired: MM/DD/YYYY	Did you receive a 1098C? Y/N
--------------------------------	-------------------------------	------------------------------

For a non-cash gift to charity > \$500 provide a description and fair market value of the property: <i>Description</i>	\$ FMV
--	--------

Name & address of the organization you donated to:

Date of contribution: MM/DD/YY	Date you acquired: MM/DD/YYYY	Did you receive a 1098C? Y/N
--------------------------------	-------------------------------	------------------------------

## Miscellaneous Itemized Deductions

Gambling losses (if more than gambling winnings, also check here [ ])	\$
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# Self-Employed COVID-19 Tax Provisions

**To be completed only if you or your spouse had a business during 2020.**

Name of the business owner: \_\_\_\_\_

**Please answer the following for each business owner.**

A special provision for 2020 allows you to defer payment of the employer portion of the Social Security tax that is included in your self-employment tax. The amount involved is about 5.7% of your self-employment profit from 3/27/20 to 12/31/20. You may use either the IRS default allocation ratio of 77.5% of your full-year profit or your actual records. If elected, one-half of the deferred tax would be due with your 2021 return and the second half would be due with your 2022 return.

- Do you want to defer payment of part of your self-employment tax? \_\_\_\_\_yes\_\_\_\_\_no
- If yes, enter your profit for 3/27/20 to 12/31/20: \$\_\_\_\_\_or check to use 77.5% \_\_\_\_\_(✓)
- If yes, how much do you want to defer? \_\_\_\_\_% of my tax or check to use the maximum \_\_\_\_\_(✓)

Another special provision provides for a sick leave or family leave credit in certain circumstances.

A. Were **you** unable to work in your business because **you** were:

- subject to a COVID-19 quarantine or isolation order \_\_\_\_\_yes\_\_\_\_\_no
- advised to self-quarantine because of COVID-19 \_\_\_\_\_yes\_\_\_\_\_no
- \_\_\_\_\_ had COVID-19 symptoms and sought a medical diagnosis \_\_\_\_\_yes\_\_\_\_\_no

As a result, how many days were you unable to work in your business from 4/1 to 12/31/20? \_\_\_\_\_

B. Were **you** unable to work in your business because **you**:

- cared for someone who was subject to a COVID-19 quarantine or isolation order \_\_\_\_\_yes\_\_\_\_\_no
- cared for someone who was advised to self-quarantine because of COVID-19 \_\_\_\_\_yes\_\_\_\_\_no
- cared for a child\* whose school or place of care was closed due to COVID-19 \_\_\_\_\_yes\_\_\_\_\_no
- cared for a child\* whose child care provider was unavailable due to COVID-19 \_\_\_\_\_yes\_\_\_\_\_no

As a result, how many days were you unable to work in your business from 4/1 to 12/31/20? \_\_\_\_\_

C. Were **you** unable to work in your business because **you**:

- cared for a child\* whose school or place of care was closed due to COVID-19 \_\_\_\_\_yes\_\_\_\_\_no
- cared for a child\* whose child care provider was unavailable due to COVID-19 \_\_\_\_\_yes\_\_\_\_\_no

As a result, how many days were you unable to work in your business from 4/1 to 12/31/20? \_\_\_\_\_

\* A child includes an individual who is under age 18 and is: your biological, adopted, or foster child; your stepchild; a legal ward; a child for whom you are standing in loco parentis (someone with day-to-day responsibilities to care for or financially support a child). It also includes an adult son or daughter (18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

Please retain any documentation you have to support your lost workdays with your tax records.

For volunteer use: Amount of employer sick leave pay (\$511 limit) \$ \_\_\_\_\_ (\$200 limit) \$ \_\_\_\_\_

Amount of employer family leave pay \$ \_\_\_\_\_

Sick leave Part 1

Sick leave Part 2

Family leave

# Education Credits Worksheet

**Please complete one worksheet for each student.**

There are 3 education credits: the American Opportunity Credit, the Lifetime Learning Credit, and the Tuition and Fees Deduction. Your eligibility depends on many things, including: your filing status, the student’s filing status, the student’s enrollment status, your adjusted gross income, what expenses were paid, who paid the expenses, when expenses were paid, whether the school is an eligible educational institution, whether any expenses were paid with tax-exempt funds, and whether any expenses were paid with distributions from a Coverdell Education Savings Account or Qualified Tuition Program.

Our Counselors will rely upon your answers to the following questions to determine your eligibility for education credits. It is important that you accurately respond to all of the following items that apply to your situation.

Student Information	
Dependent student’s filing status: Single (S); Married Filing Joint (MFJ) (or filing just to get a refund of withholding); Married Filing Separate (MFJ); Qualifying Widow(er) (QW); 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 student used the American Opportunity Credit for four tax years? (Yes / No)	
Was the student ever convicted of a drug felony? (Yes / No)	
Funding Sources (list amount received from each source, use separate sheet as needed)	
Unrestricted grants or scholarships eligible for living expenses	\$
Other scholarships or fellowships	\$
Was a W-2 issued for any of this income? (Yes / No)	
Amount <u>required</u> to be spent on anything other than tuition, fees, books or equipment	\$
Distributions from Coverdell Education Savings Account (ESA)	\$
Distributions from Qualified Tuition Plans (529 Plans)	\$
Early distributions from IRAs (with no early distribution penalty)	\$
Series E Savings bonds used for tuition and requirement enrollment fees (with tax-exempt interest)	\$

## Education Credits Worksheet

Each of the education credits covers some education expenses, none of them cover 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. You must provide all Forms 1098-T with your other tax documents; if you do not have it 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 statement of account available from the educational institution's Finance Office contains information that is important in determining qualifying expenses. Generally, the student can go online to obtain a copy of their statement of account. Please include a copy of each student's statement of account with your other tax documents.

<b>Expenses</b> <i>(Not all expenses qualify for all of the Education Credits)</i>	
Tuition	\$
Student activity fees, if required for enrollment	\$
Required books that <u>must</u> be purchased from the institution	\$
Required books purchased from a bookstore or second hand	\$
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	\$
	\$
	\$
	\$
	\$

**AARP FOUNDATION TAX-AIDE TAX PREPARATION**  
**Documents We Need to Prepare Your Tax Return**

Following are the documents we need to prepare your tax return. If you are scanning your documents to email them to us, please organize and scan them in the same order as they are listed below.

**PLEASE NOTE: You MUST scan and provide items (1), (2) or (3), and (4).** These items are required by law. If you do not provide these items, we will not be able to prepare your return. **Provide all other items that are applicable to you.** Do not send us any of your information unless you have ALL of your 2020 tax documents. Look at your last tax return (2019 or 2018) and make certain that you either have a tax form from every person / organization from which you received one in that year, or know why you do not have that form for the current year.

ITEM	DESCRIPTION / NOTES
1) Government-issued photo ID for you and your spouse (if married)	Driver's license, military or other government ID card
2) Front of your Social Security card (and that of your spouse, if married)	
3) Front of the Social Security card(s) for each of your dependents (everyone who will be listed on your return) OR ITIN numbers for everyone named on your return	
4) IRS Form 14446 signed by you and your spouse, if married	
Your most recent Federal tax return (2019 if filed, 2018 if you have not yet filed for 2019)	Please provide pages 1 and 2 of the Form 1040, Schedules 1, 2, and 3 (if present), and all other forms and schedules. We do not need your supporting documents (i.e., Forms W-2, 1099-\$, etc.)
Wages / Salary from employment (Form W-2)	These are the documents from your employer showing your wages / salary for the year
Form 1099-G	This document is used to report any State/Local tax refund AND/OR unemployment compensation you received
Form 1099-INT / 1099-DIV – Interest and Dividends	You may receive these from your bank, credit union, investment firm, and other sources of interests or dividend income
Form 1099-R	Income received by way of a distribution from a profit-sharing, retirement , IRA, annuity, pension, insurance contract, or survivor income benefit plan.
Form RRB-1099-R	Retirement / pension income from you or your spouse's railroad retirement

ITEM	DESCRIPTION / NOTES
SSA-1099-R	Pink and white statement from Social Security Administration showing benefits received in 2020
Form 1099-Misc	Reflects income received from royalties, rents, prizes or awards, or medical and health care payment
Form 1099-NEC	Reflects income received for work performed as an independent contractor or for self-employment
Expenses and mileage information related to your self-employment	Please use the enclosed Schedule C Worksheet to summarize these expenses
Documentation of all cash income you received	All cash income is reportable and subject to tax; do not include any income you received that is reflected on one of your other tax documents
Form 1099-K	You may receive this form if you performed for-hire driving services or if you received income through a third-party payment network (you might receive this form if you drove for Uber, Lyft, DoorDash, GrubHub, etc.)
Capital gains information	Brokerage statements, etc., showing your stock, bond, or other investment transactions
Form 1099-S	You may receive this form if you sold a home, residence, or real estate
Schedule K-1 (Form 1063, 1120S, or 1141)	
Information regarding alimony you paid or received in 2020	We will need the name of your former spouse and their Social Security number
All information related to itemized deductions	Please use the attached Schedule A Worksheet to summarize this information
Information regarding child or dependent care you paid	Please provide the name, address, and EIN of the care provider, as well as the amount you paid and for which child or dependent the care was provided
Amount of any gambling winnings for the tax year	This includes bingo, lottery winnings even if you did not receive a tax document for the amount(s)
Amount of any gambling losses for the tax year, if you had gambling winnings	
Cancellation of Debt Form 1099-C	For nonbusiness credit card debt ONLY
Forgiveness of Main Home Mortgage – Form 982	If part or all of your mortgage was forgiven / cancelled, you will have this form from the lender
Form 1099-Q	You will receive this document if you took a distribution from a Qualified Education Program
Form 1098-T	You will receive this document from educational institutions attended by you, your spouse, or your dependents
Information regarding education expenses	Please summarize this information on the enclosed Education Worksheet; use a separate sheet for EACH student on your return

<b>ITEM</b>	<b>DESCRIPTION / NOTES</b>
Information regarding any estimated tax payments you make to the IRS or your State tax agency	
Form 1095-A	If you or anyone on your tax return had medical insurance coverage through the Marketplace, information from your Form 1095-A MUST be included on your tax return
Proof of bank account routing and account numbers for direct deposit (this is the fastest and safest way to receive your refund)	Please provide a voided check