AARP Foundation
Tax-Aide

Hudson Valley CA$H Creating Assets Savings and Hope

Free Tax Preparation support is provided by IRS-Certified **Volunteers** to

LOW TO MODERATE - INCOME FILERS

(no age restrictions or membership required)

PRIOR TO YOUR APPOINTMENT

- **COMPLETE the enclosed**
  - *NY3 Intake Form*
  - *IRS Intake/Interview and Quality Review Sheet*
- **COLLECT all the required documents outlined in**
  - *Documents We Need to Prepare Each Tax Return*

DO YOU HEAT YOUR HOME WITH OIL

If you purchased heating oil after June '25 bring invoices/delivery receipts showing the biofuel content for a NYS Credit.

Note your *APPOINTMENT CONFIRMATION EMAIL* regarding additional forms you may need for your appointment. *(Don't see it? Check your spam folder)*

RETURNS WITH INCOME FROM Lyft / DoorDash / Grub Hub /Uber

- **Print out and complete a separate packet found at HV-CASH.org**

OUT OF SCOPE RETURNS

IRS WILL NOT PERMIT TAX- AIDE TO COMPLETE

- Tax return with digital (Cryptocurrency) exchanges.
- Tax return claiming the Electric Vehicle Tax Credit.
- Tax return with credit for Solar Panels or Geothermal Systems.

Full Listing of Out-of-Scope returns can be found at **HV-CASH.org**

If you have questions on this process, 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

New This Year

IRS WILL NOT ISSUE REFUND CHECKS, ONLY DIRECT DEPOSIT

See HV-CASH.org for more details.

AARP Foundation Tax-Aide

NY3 - New York State Tax Information Form

(For use by AARP Foundation Tax-Aide Program) Tax Year 2025

Taxpayer's Last Name:		**County:**	**School District:**
Time lived in NYS: ☐ entire tax year	☐ less than 6 months	☐ more than 6 months	☐ less than entire tax year.

Consider "YOU" in most questions to include spouse if filing a joint return and dependants.

Credits You May Be Entitled To:	YES	NO
1. Did you pay long-term care insurance premiums? (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, 529 plans, or with borrowed funds, 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 any of your income earned in or taxed by another state? (IT-112R) Which state(s):		
6. 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)		
7. Did you pay nursing home special assessment expenses during the tax year? (IT-258)		
NOTE: Purchase, installation, or lease of a solar energy or geothermal system or equipment at your residence or purchase of an electric vehicle (EV) during the current tax year are Out-of-Scope for Tax-Aide.		

Additions and Subtractions You May Be Entitled To:	YES	NO
8. Did you make contributions to (subtraction from income), or receive a distribution from (addition to income), a New York State 529 College Savings Plan during the tax year? Bring documentation.		
9. Did you repay income received in a prior tax year that was previously included in NY income? (Subtractions from Income/Other Subtractions)		
10. Are you currently disabled, under age 65, and receiving a disability pension during the tax year? (Subtractions from Income) (IT-221)		
11. Did you receive payments to care for an individual living in the same home? (Addition)		

12. For Beneficiary Pensions Only	____ Public Safety Officer Beneficiary	____ Disability Beneficiary
Pension Start Date:	Tax Year Spouse Died:	Spouse's Birth Date:
If receiving a joint beneficiary pension or IRA payments what share did you receive?		%
(For Tax Counselor Information = All "IT" items in Taxslayer/NYS Module/Credits)		

************************* **FOR TAX PREPARER USE ONLY** *************************

Pension Subtraction Calculation for NY State Resident Tax Returns

Enter taxable amount of each pension to subtract (round each pension separately to the nearest dollar)

NYS, NYS Local, & Federal Pensions: TaxSlayer will total and carry to IT-201 Line 26

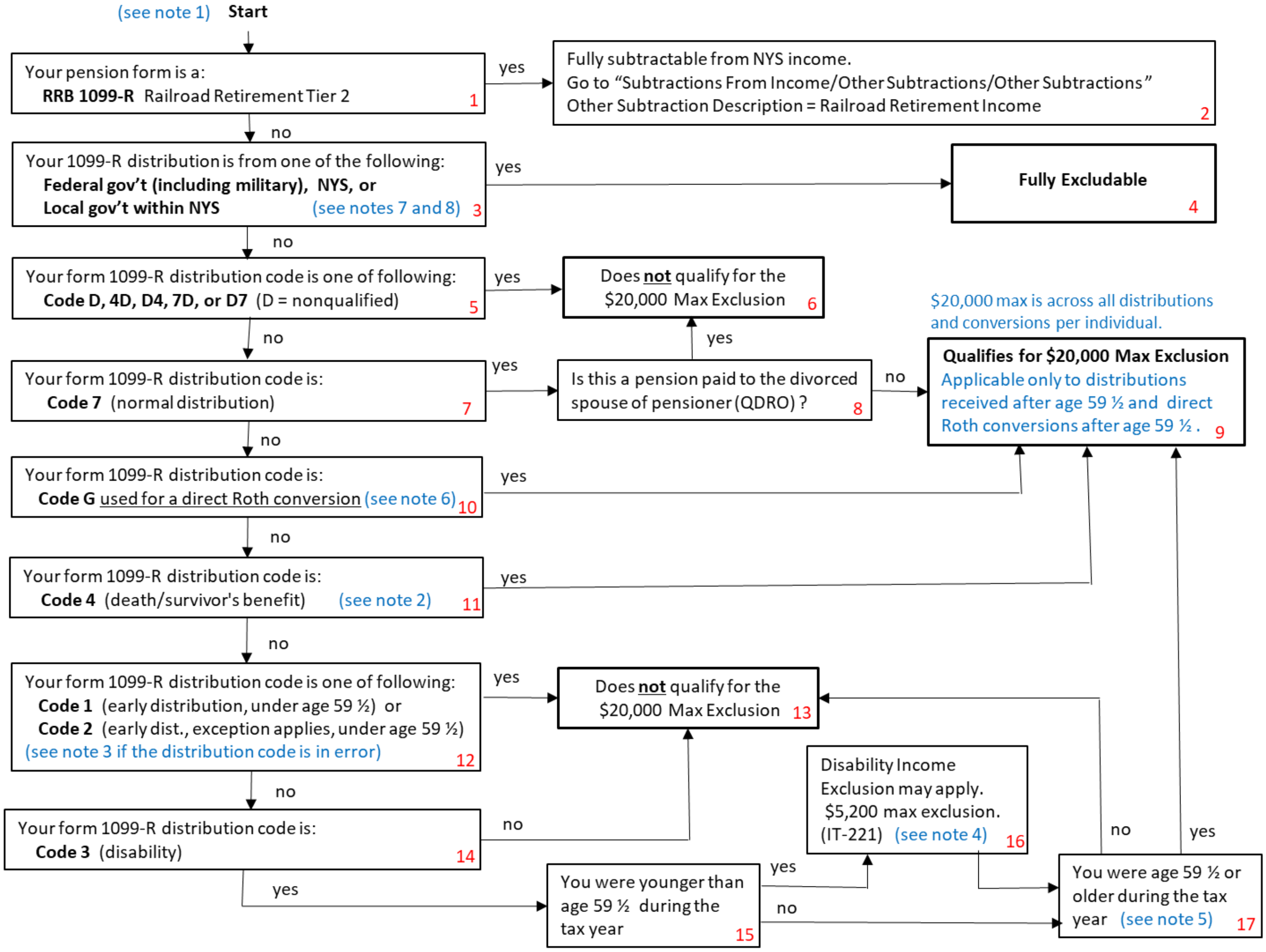
	TAXPAYER Column	SPOUSE Column
Taxable amounts of pensions from NYS, NYS local governments, the US federal government, or US territories and possessions.		

OTHER PRIVATE PENSIONS: TaxSlayer will total and carry to IT-201 Line 29

Taxable amounts of IRAs and pensions not listed above that are received after age 59½. See "NYS Pension Subtraction Quick Reference" or "NYS CO-60" for 403(b), 125, 401(k), 457, beneficiaries & former spouses.	(Max $20,000 across all Taxpayer pensions)	(Max $20,000 across all Spouse pensions)

New York State Pension and Annuity Exclusions

Exclude only amounts that are included in the Federal AGI



Note 1: For distribution codes other than those listed, see NTTC Modified IRS Pub. 4012 tab D for guidance (many are out of scope) .

Note 2: If you receive a distribution of a deceased individual, you may take this subtraction (to the extent the distributions are included in your Federal AGI), regardless of your age, only if the deceased would have been entitled to it had the deceased continued to live. If deceased taxpayer would have turned 59 ½ during the tax year, beneficiary(s) can apply exclusion only to payments received after deceased would have turned 59 ½ .
If the decedent died during the tax year, the amount of the decedents exclusion allocated to the beneficiaries is first reduced by the amount the decedent subtracts from their own final tax return, if any.
If multiple beneficiaries, their exclusion must be apportioned in the same ratio as the distribution. The total exclusion of decedent and all beneficiaries cannot exceed $20,000.

Note 3: For a code 1 or 2 where some or all of the distribution was made when the taxpayer was age 59 ½ or older, go to box 8 on the flowchart. If the taxpayer turned 59 ½ during the year, only apply the NY exclusion to the amount distributed at age 59 ½ or older. For a code 1 (n/a for code 2), also use Form 5329 on the Federal return to exclude the amount that shouldn't be subject to the 10% federal penalty (exception code 12 applies only to the portion of the distribution received after age 59 ½ or older;
see NTTC 4012 Tab H). Inform the taxpayer that the IRS or NYS may request proof or clarification.

Note 4: See NYS Form IT-221 Instructions to determine if the taxpayer qualifies for the Disability Income Exclusion (IT-221).
You may subtract either the actual weekly disability pay or $100 a week, whichever is less but not to exceed $5,200.
Go to "Subtractions From Income/Other Subtractions/Disability Income Exclusion (IT-221)" and answer all pertinent questions. On the Fed. tax return, a code 3 disability pension should be reported as wages if he tax payer has not reached the minimum retirement age set by the employer.

Note 5 If the taxpayer became 59½ during the tax year, then the taxpayer is eligible to claim both the Disability Income Exclusion ($5,200 max exclusion) and the Pension Annuity Income Exclusion ($20,000 max exclusion)
a) For the Disability Income Exclusion , the exclusion amount only applies to the distribution received before the taxpayer became 59½ .
b) For the Pension Annuity Income Exclusion, exclude only the distribution received after the taxpayer became 59½,but not more than $20,000.
The total of the Disability Income Exclusion and any Pension and Annuity Income Exclusion you claim cannot exceed $20,000.

Note 6: The following does not qualify for an exclusion: Code G used for designated Roth non-elective contributions and designated Roth matching contributions made by the employer during the tax year.

Note 7: Distributions from a **"Thrift Savings Plan"** (TSP) reported on a separate 1099-R are a part of some Federal retiree's benefits.
If the person retired under the Federal Employees' Retirement System (FERS), then the TSP distribution is fully excludable to the extent included in the FAGI (line 26 of IT-201).
If the person retired under the Civil Service Retirement System (CSRS), then the TSP distribution is only excludable as part of their aggregate $20,000 limit (line 29 of IT-201) to the extent that it is included in FAGI, and subject to the age limitation.

Note 8: For TIAA/CREF distributions, volunteers must consult the supplemental page provided by TIAA/CREF that breaks down the 1099-R distribution by account type. TIAA/CREF distributions may qualify for either the full exclusion or the $20,000 max exclusion depending on the account type (see page 2 of the NYS CO-60 Pension Subtraction Handout for more guidance). TIAA/CREF distributions from a non-NY employer's plan only qualify for the $20,000 max exclusion."

Reference Guide for Documents Needed to Prepare Each Tax Return

- ✓ Bring to your appointment all items that are applicable to you.
- ✓ **If waiting for a tax form 2 days before your appointment, call and reschedule**.
- ✓ Electronic/Digital documents **must be printed**
- ✓ Look at your tax return documents from the prior tax year:
  - ➢ Make certain you have a tax form from every organization.
  - ➢ Make sure you know why you do not have that form for the current filing year.

Required Documents	
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.
Social Security card or ITIN (for everyone listed on return)	Original cards only. Photocopies not accepted. Social Security office documents, Social Security SSA-1099 statements. ITIN supported by an issuing letter.
Identity Theft or Self-Requested PIN Number	If a victim of identity theft or a PIN was requested from the IRS, bring the annually available (in January) PIN number for each person on the tax return that has a PIN
Your prior year tax returns (Federal & State)	For comparison purposes and carryovers
NEW THIS YEAR IRS will not issue refund checks. **ONLY DIRECT DEPOSIT** **See www.HV-CASH.org for more information**	Check or documentation with your **bank's name**, **routing number**, and **account number**. No deposit slip. ***If you owe, no restrictions on how you pay.***
Most Common Income Forms and Documents	
Form SSA-1099 – Social Security Benefit Statement	From Social Security Administration showing benefits received in the current tax filing year.
Form 1099-R – Distributions from retirement accounts	Includes, pensions, annuities, retirement or profit-sharing plans, insurance contracts, IRAs and rollover distributions.
Form RRB-1099-R – Railroad Retirement Board Annuities and Pensions	Retirement or pension income from you or your spouse's railroad retirement
Form W-2 – Wages/Salary from employment	A W-2 from every place you were employed during the tax filing year. **Overtime or Tips** – bring whatever documents provided by employer.
Form 1099-INT - Interest Income **Form 1099-DIV** - Dividend Income	You may receive these from your bank, credit union, broker, mutual funds, insurance companies etc.
Form 1099-B Proceeds from Broker and Barter Exchange Transactions	Brokerage statements, etc. showing your stock, bond, and other investment transactions
Form 1099-G - Unemployment compensation	NYS Dept of Labor automatically mails forms unless you previously opted to only receive tax forms electronically. If you have an online account, download and print the form at labor.ny.gov/signin in mid-January
Form 1099-NEC – Nonemployee Compensation	Income for work performed as an independent contractor or for self-employment. See **Itemizing Deductions**.

Form 1099-MISC – Miscellaneous Information	Income received from royalties, rents, prizes or awards, or medical and health care payments
Form W-2G – Gambling Winnings	Includes casino, bingo or lottery winnings. Losses only if you itemize the amount of winnings.
Form 1099-C – Cancellation of Debt	For non-business credit card debt. Cannot be related to bankruptcy or if you were insolvent.
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 a 3rd party payment network – Ex. Uber, Lyft, DoorDash, GrubHub, etc.
Form 1098-T –Tuition Statement	Sent from an educational institution attended by you, your spouse, or dependent(s)
Education Expenses	Download **Education Credit Worksheet** from www.HV-CASH.org to summarize expenses for each student
Cash and **Other Income**	All cash income is reportable and subject to tax. i.e. jury duty, election inspector, gambling winnings for which you did not receive a W-2G, etc.
If Itemizing Deductions - Typical Forms and Documents	
Non-Business or Personal Itemized Deductions	Download **Schedule A Worksheet** - www.HV-CASH.org. Typically your standard deduction is more beneficial compared to itemizing expenses
Self-Employment Form 1099-NEC expenses	Download **Schedule C Worksheet**- www.HV-CASH.org
If you are a **homeowner**	• School & property tax bills (county/city/town/village/library) • If you receive a STAR Credit check (typically around Aug/Sept), bring a record of the amount of that check. • **Form 1098** Mortgage Interest Statement
Other Forms, Documents, and Information That May Be Needed	

Form 1095-A: Health Insurance Marketplace Statement
If you or anyone on your tax return obtained health insurance through the Marketplace with a Premium Tax Credit you **MUST** bring the **1095-A Form**

Divorced or Legally Separated and Receiving Alimony, the Following is Required:

- Former Spouse's Full Name & Social Security Number
  Date of Final Decree or Date of Maintenance Decree & Amount of Alimony

- **Married Filing Separately:** Spouse's Full Name and Social Security Number

- **Federal and State Estimated Payments:** Payment amounts and dates

Health Savings Accounts (**HSA**) information or documents needed:

- Benefit for **taxpayer** or **family** and the **number of months covered**

Form 5298-SA for **Contributions** not listed on W2 & **Form 1099-SA** for **Distributions**

If filing **ANY PRIOR YEARS' TAX RETURN**, **ADDITIONAL INFORMATION WILL BE REQUIRED**. Go to, www.HV-CASH.org for a complete list.

Form **13614-C**
(October 2025)

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

- Complete pages 1-5 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

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

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

Mailing address	Apt #	City	State	ZIP code

Your telephone number	Spouse's telephone number	Email address (optional)	Did you live or work in two or more states in 2025 ☐ Yes ☐ No

Can anyone else claim you or your spouse on their tax return ☐ **Yes** ☐ **No**

Check if you or your spouse were in 2025:

A U.S. citizen	☐ You	☐ Spouse	☐ No
In the U.S. on a visa	☐ You	☐ Spouse	☐ No
A full-time student	☐ You	☐ Spouse	☐ No
Legally blind	☐ You	☐ Spouse	☐ No
Totally and permanently disabled	☐ You	☐ Spouse	☐ No
Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse	☐ No
Owners or holders of any digital assets	☐ You	☐ Spouse	☐ No

If due a refund, how would you like your refund

☐ Direct deposit ☐ Check by mail
☐ Split refund between accounts ☐ Other ____________

If you have a balance due, how would you like to make your payment

☐ Bank account ☐ IRS.gov Direct Pay
☐ Set up installment agreement ☐ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English ☐ You ☐ Spouse ☐ No
What language ____________

Would you, or your spouse if married filing jointly, like $3 to go to the Presidential Election Campaign Fund ☐ You ☐ Spouse ☐ No

As of December 31, 2025, what was your marital status

☐ **Never Married**

☐ **Married** If married, were you married on the last day of the year ☐ Yes ☐ No
Did you and your spouse live apart all of the last 6 months of the year ☐ Yes ☐ No

☐ **Divorced**
Date of final decree ____________

☐ **Legally Separated but not Divorced**
Date of separate maintenance decree ____________

☐ **Widowed**
Year of spouse's death ____________

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					**To be completed by certified volunteer (Yes, No, or N/A)**				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2025	Single or Married as of 12/31/2025 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,200 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: **Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.**

Received money from any of the following in 2025:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☐ (B) Wages as a part-time or full-time employee How many jobs ____	☐ (B) W-2s # ____	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount is reported) # ____ ☐ (A) Qualified Charitable Distribution From 1099-R $ ____	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # ____	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # ____	
☐ (B) Unemployment benefits	☐ (B) 1099-G # ____	
☐ (B) Refund of state or local income tax	☐ (B) Refund $ ____ ☐ (B) Itemized last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT # ____ ☐ (B) 1099-DIV # ____	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year’s return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # ____ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony $ ____ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No ☐ Income from renting personal property such as a vehicle	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense $ ____	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # ____	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # ____ ☐ 1099-NEC # ____ ☐ 1099-K # ____ ☐ Other income reported elsewhere ☐ Schedule C expenses $ ____	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2025?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ______	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☐ (A) Charitable contributions		

Paid any of these expenses in 2025?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ______ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2025?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ (A) HSA contributions ☐ (A) HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (A) Energy efficient home improvement credit (Form 5695, Part II only)	
☐ (A) Other (example: purchased a new vehicle, etc.)	☐ VIN #	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2025 taxes	☐ (B) Estimated tax payments ______ ☐ (B) Last year's refund applied to this year ______	
☐ Brought last year's return	☐ Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☐ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☐ No	☐ Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is your spouse's race and/or ethnicity? Select all that apply

- ☐ **American Indian or Alaska Native** (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- ☐ **Asian** (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- ☐ **Black or African American** (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- ☐ **Native Hawaiian or Pacific Islander** (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, Scottish, etc.)

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional Notes/Comments

Optional Questions for AARP Foundation

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

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

2. Do you rent or own your home?

☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer

Opportunity to Save Your Refund

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

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

How to Use this Intake Booklet

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

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

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

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

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

Form **15080** (October 2025)	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, 2027.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2027). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

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

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

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

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

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

Consent to Disclose/Use Information to AARP Foundation

Federal Disclosure

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

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

Terms:

I/We authorize the AARP Foundation as follows:

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

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

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

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

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

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

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

Consent for AARP Foundation to Use Select Tax Return Information

Federal Disclosure

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

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

Terms:

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

I/We authorize AARP Foundation as follows:

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

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

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

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

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