

# What to Bring for Your Free AARP Tax Preparation

**This year we will scan your documents and give them back to you while you wait. We will prepare your return later and either email you the return or you will return to the library to get your return. In either case you will need to approve the return before we can e-file your return to the IRS and NY State.**

- Government issued proof of identification - photo ID such as driver's license or passport for taxpayer and spouse if married filing joint return. If taxpayer(s) have a NY Driver License but its information is not included in the return, the NY refund may be delayed.
- The **COMPLETED** 8-page *Intake/Interview & Quality Review Sheet*. Any incomplete items could result in delays in preparing your tax return. If you have an email address please enter it on page 3, item 1 to help our counselors reach you if needed.
- Social Security number verification: Social Security cards for you, your spouse and dependents or a Social Security number verification letter issued by the Social Security Administration. **Mandatory this year.**
- An Individual Taxpayer Identification Number (ITIN) assignment letter may be substituted for you, your spouse, and your dependents if you do not have a Social Security number.
- Proof of foreign status, if applying for ITIN.
- Form 1095-A, if you received health insurance through the Marketplace, i.e., New York State of Health (NYSOH). Not needed if you are enrolled in Medicaid.
- Wage and other earning statements (Form W-2, W-2G, 1099-R, 1099-Misc., 1099 NEC) from all sources.
- Form 1099-G if you collected unemployment benefit or had a state income tax refund AND itemized deductions last year. You may need to go online to obtain these.
- Form SSA-1099 Social Security Benefit Statement.
- Interest and dividend statements from banks and brokerage firms (Form 1099 int or div). Your bank may not issue this to you if your interest or dividend is under \$10; in that case bring a copy of your year-end bank statement showing year-to-date interest. Brokerage firms are not required to send you these forms until February 15.
- A copy of last year's federal and state returns. If you do not bring your last returns we will not know if you have given us all of the information for items of income, deductions and credits and carryovers of capital losses, contributions, credits and other items. The risk is that something will not be included on your 2020 return.

- If you want direct deposit or direct withdrawal, bring proof or routing number, e.g., a blank check or statement showing this information. We cannot accept just a hand-written slip of paper with these numbers.
- For a married-filing-joint tax return, **both spouses must be present to sign the required forms.**
- You may be entitled to an additional CARES Act Stimulus Payment when you file your 2020 tax return. Please bring evidence of the amount of Economic Impact Payment already received which is on Notice 1444 which you should have received in the mail about 15 days after receiving your payment.
- Total paid for daycare provider and the daycare provider's name, address, and tax identifying number such as their Social Security number or business Employer Identification Number.
- Documentation for Itemized Deductions if you do not want the Standard Deduction. The Federal Standard Deduction is about \$12,400 for singles and up to \$27,400 for a married couple both over 65. The corresponding figures for NY State are about \$8,000 and \$16,000; you can take the Standard Deduction for Federal and itemize for NY. The IRS caps State and Local Taxes at \$10,000 but NY does not have that cap. If you want to itemize you **MUST** create itemized lists of your deductions: Medical, Taxes, Charitable Contributions. NY still allows deducting “miscellaneous” employee business expenses, moving expenses and safe deposit box rental. We cannot accept bunches of receipts or a number from an earlier tax return as an estimate.
- New for Tax Year 2020, you can deduct up to \$300 charitable cash contributions even if not itemizing. Bring information.
- If you are self-employed bring an itemized list of self-employment income and related expenses
- AARP Tax Aide volunteers **cannot prepare** returns that include rental property, military income, alternative minimum tax, excessive stock transactions or in other situations where volunteers have not been trained.

Adapted from: <http://www.irs.gov/Individuals/Checklist-for-Free-Tax-Return-Preparation>

# 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	ZIP code
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 b. Did you live with your spouse during any part of the last six months of 2020?  Yes  No

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
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### 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).

LOW CONTACT MODEL WITH TWO TAXPAYER VISITS

Form <b>14446</b> (October 2020)	Department of the Treasury - Internal Revenue Service <b>Virtual VITA/TCE Taxpayer Consent</b>	OMB Number 1545-2222
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This form is required whenever the taxpayer's tax return is completed and/or quality reviewed in a non-face-to-face environment. The site must explain to the taxpayer the process this site will use to prepare the taxpayer's return. If applicable, taxpayers must also be advised of all procedures and the associated risk if their data will be transferred from one site location to another site location.

**Part I - To be completed by the VITA/TCE site: LOW CONTACT MODEL WITH TWO TAXPAYER VISITS**

Site name

Site address (*street, city, state, zip code*)

Site identification number (SIDN)

Site coordinator name

Site contact name

Site contact telephone number

**This site is using the following Virtual VITA/TCE method(s) to prepare your tax return:**

- A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personal identifiable information (*social security numbers, Form W-2, etc.*) to prepare the tax return at the same site but at a later time. In this process, you will come back to the same site for the quality review and/or signing the completed tax return. The site will explain the method it will use to contact you if additional information is needed to prepare and/or quality review the tax return.
- B. Intake Site:** This method includes the taxpayer leaving their personal identifiable information (*social security numbers, Form W-2 and other documents*) at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.
- C. Return Preparation and/or Quality Review Only Site:** This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-in or appointments from other taxpayers in their location.
- D. Combination Site:** This site prepares returns for other permanent or temporary intake sites as well as assisting walk in and/or appointment only taxpayers within their location.
- E. 100% Virtual VITA/TCE Process:** This method includes non face-to-face interactions with the taxpayer and any of the VITA/TCE volunteers during the intake, interview, return preparation, quality review, and signing the tax return. The taxpayer will be explained the full process and is required to consent to step-by-step process used by the site. This includes the virtual procedures to send required documents (*social security numbers, Form W-2 and other documents*) through a secured file sharing system to a designated volunteer for review.

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## Part II: The Sites Process:

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Explain how each process will be followed to assist taxpayers remotely. How will the site manage:

### 1. Scheduling the appointment

Taxpayers will contact a published site appointment line, make on-line appointments through the Tax-Aide Site Locator, or be contacted directly by a Tax-Aide volunteer to set up an appointment after the taxpayer submits a request for service using a web form on aarp.org

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### 2. Securing Taxpayer Consent Agreement

Taxpayer receives a detailed explanation of the intake, preparation, quality review, return approval, e-filing and file deletion processes verbally over the phone when initial contact is made and in written form delivered by email sent to the taxpayer or in hard copy picked up at the site. Taxpayer receives a pre-filled 14446, with a written explanation of the 14446, and is instructed to bring the signed 14446 to their scan appointment along with all of their tax documents.

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### 3. Performing the Intake Process (*secure all documents*)

Taxpayer arrives for their scan appointment, presents photo identification, the signed 14446, and an Intake Booklet (13614-C) completed to the best of the taxpayer's ability. All of the taxpayers documents, photo IDs, Social Security cards, 13614C, 14446 are scanned and taxpayers leaves the site with all hard copy documents. A certified Counselor contacts taxpayer using Google Meet video conference or telephone to conduct a complete intake interview.

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### 4. Validating taxpayer's authentication (*Reviewing photo identification & Social Security Cards/ITINS*)

Taxpayer ID is verified during the initial scan appointment (step 3 above) and verified again by the Counselor conducting the intake interview. Social Security numbers will be verified verbally and using the required copy of taxpayer's most recent Federal tax return.

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### 5. Performing the interview with the taxpayer(s)

An appointment will be scheduled with the taxpayer for the intake interview. The intake interview will be conducted by a certified Counselor by telephone.

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### 6. Preparing the tax return

Each return will be prepared by a certified Counselor with restricted access to the taxpayer's scanned document files. Access to the electronic files will be restricted to view only; the Counselor will be unable to copy, print, share, or download the files. All returns will be prepared using TaxSlayer Pro Online software over a secure Internet connection. The Counselor will contact the taxpayer by telephone to resolve any questions that arise during preparation of the return.

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### 7. Performing the quality review

A second certified Counselor will quality review the return, contacting the taxpayer by telephone to conduct a QR interview and referencing the taxpayers scanned documents files. The Quality Reviewer's access to the scan files will be restricted to view only; the Quality Reviewer will be unable to copy, print, share, or download the files.

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**8. Sharing the completed return** The completed return and 8879 will be saved to a secure folder on the site's Tax-Aide Google Drive, that folder will be shared with the taxpayer using a unique link that allows taxpayer access only to the folder containing their information. Taxpayer will be unable to see or access any other data. Taxpayer will be contacted by a Counselor via phone. Counselor will review the return with the taxpayer (and spouse, if married), answer any questions taxpayer may have, make any corrections that may be necessary and explain the 8879. Taxpayer will be given an appointment to return to the site.

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### 9. Signing the return

When the taxpayer returns to the site, they will receive an explanation of the 8879 and be asked to sign. Once Counselor sees the taxpayer sign 8879, the Counselor will mark the return COMPLETE in TaxSlayer.

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### 10. E-filing the tax return

The return will be e-filed within 24 hours of taxpayer signing the Form 8879. Any e-file rejection will be addressed with the taxpayer via telephone. All of the taxpayer's scanned document files, including the signed 8879, will be deleted within 48 hours of the return being accepted or 14 days following original receipt of the scanned files, whichever occurs first.

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**Part III: Taxpayer Consents:**

**Request to Review your Tax Return for Accuracy:**

To ensure you are receiving quality services and an accurately prepared tax return at the volunteer site, IRS employees randomly select free tax preparation sites for review. If errors are identified, the site will make the necessary corrections. IRS does not keep any personal information from your reviewed tax return and this allows them to rate our VITA/TCE return preparation programs for accurately prepared tax returns. If you do not wish to have your return included as part of the review process, it will not affect the services provided to you at this site. If the site preparing this return is selected, do you consent to having your return reviewed for accuracy, by an IRS employee?

Yes     No

**Virtual Consent Disclosure:**

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. 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. 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). While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal Property.

I am agreeing to use this site's Virtual VITA/TCE Process  Yes     No

Printed name		Printed name <i>(spouse if married filing joint)</i>	
Date of birth	Last four digits Social Security/ITIN number	Date of birth	Last four digits Social Security/ITIN number
Date	Telephone number	Date	Telephone number
Email address		Email address	
<b>OR</b>		<b>OR</b>	
Signature <i>(type/print)</i>		Signature <i>(type/print)</i>	