

AARP Foundation Tax-Aide
Rapid City Library
or
Custer County Library

How Your Tax Return Will be Prepared

We will prepare your return following the IRS and Tax-Aide requirements for Drop-Off service. Prior to arriving at the site for your appointment please read and complete the enclosed documents and collect all of your tax documents.

On the day of your appointment, please arrive no more than 5 minutes before your scheduled appointment time. Tax-Aide volunteers, in your presence, will review your documents and complete a short Interview based on the documents that you provide. After the Interview is complete, volunteers will inventory your tax documents and ask you to verify that inventory. You will then be given a reminder of your second appointment time and may leave the site.

Your documents are stored in locked, secure storage when they are not being used to prepare your return. Tax-Aide Counselors will prepare your return and have it ready for your second appointment.

When you return, you will receive an explanation and copy of your tax return, sign a IRS form that will allow us to electronically file your return, and your tax documents will be returned to you. You will be asked to verify that all of the documents you provided to us were returned to you.

AARP Foundation Tax-Aide - Tax Preparation
Documents We Need to Prepare Your Tax Return

PLEASE NOTE: You MUST provide items (1) and (4); provide items (2) and (3) if they apply. These items are required by law. If you do not provide them, we cannot prepare your return.

Provide all other items that are applicable to you. If you are still waiting for a tax form at the time of your appointment, please call and reschedule.

Look at your last tax return (2020 or 2019) and make certain that you either have a tax form from every person / organization from which you received one in the prior year or know why you do not have that form for the current year.

Item	Form or Document	Description and Notes
Required		
1	Government-issued photo ID for you (and your spouse if married filing joint)	Driver's license, passport, military or other government ID card
2	Front of your Social Security card (and that of your spouse if married filing joint)	Please bring the originals or documentation from the Social Security office, we cannot accept photocopies.
3	Front of the Social Security card OR ITIN number for each all dependents named on your return	ITIN numbers should be supported by an issuing letter
4	IRS Form 14446 signed by you (and your spouse if married filing joint)	Signing this form gives us permission to prepare your return.
Most common		
5	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 or some other documentation with your bank's name, routing number, and your account number. Please do not provide a deposit slip for your account.
6	Any letters or other documentation received from the IRS that mention: (a) any Economic Impact or Recovery Rebate payments you received for 2021 and/or (b) any Advanced Child Tax Credit payments you received during 2021.	
7	Your most recent Federal tax return (2020 if filed, 2019, or 2018 if you have not yet filed for 2019)	Bring the envelope from the last time your return was prepared. It should have your tax returns and supporting documents.
8	Form W-2 - Wages / Salary from employment	One from each employer. These show your wages or salary received and taxes withheld for the year

Item	Form or Document	Description and Notes
9	Form 1099-G – Certain Government Payments - State income tax refunds	
10	Form 1099-G – Certain Government Payments - Unemployment compensation	If you received unemployment benefits in 2021 but did not receive a tax form, contact your State's unemployment office/department
11	Form 1099-INT - Interest Income	You may receive these from your bank, credit union, investment firm, and other sources of interest
12	Form 1099-DIV - Dividends and Distributions	You may receive these from your broker, mutual funds, insurance companies or other sources of dividends.
13	Form 1099-R - Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	Income distributed from any of these plans. It will also include rollover distributions.
14	Form SSA-1099 - Social Security Benefit Statement	Statement from Social Security Administration showing benefits received in 2021 showing benefits received in 2021. If you do not have this form, you can obtain a copy at your local Social Security office.
15	Form RRB-1099-R - Annuities or Pensions by the Railroad Retirement Board	Retirement or pension income from your or your spouse's railroad retirement.
16	All information related to itemized deductions	Please use the attached Schedule A Worksheet to summarize this information
17	Information regarding child or dependent care you paid	Please provide the name, address, and EIN or Social Security number of the care provider, as well as the amount you paid and for which child or dependent the care was provided
18	Form W-2G - Certain Gambling Winnings	This includes casino, bingo, or lottery winnings for which you received a W-2G
19	Amount of any gambling winnings not reported on Form W-2Gs	This includes casino, bingo, or lottery winnings for which you did not receive a W-2G
20	Amount of any gambling losses for the tax year, if you had gambling winnings	
21	Capital gains information	Brokerage statements, etc., showing your stock, bond, or other investment transactions
22	Form 1098-T - Tuition Statement	You will receive this document from educational institutions attended by you, your spouse, or your dependents

Item	Form or Document	Description and Notes
23	Information regarding education expenses	Please summarize this information on the enclosed Education Worksheet; use a separate sheet for EACH student on your return
24	Information regarding any estimated tax payments you made to the IRS or your State tax agency for 2021	
25	Cancellation of Debt Form 1099-C	For nonbusiness credit card debt ONLY
26	Form 1095-A - Health Insurance Marketplace Statement	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.
27	Form 1099-MISC - Miscellaneous Information	Reflects income received from royalties, rents, prizes or awards, or medical and health care payments.
28	Form 1099-NEC - Nonemployee Compensation	Reflects income received for work performed as an independent contractor or for self-employment.
29	Expenses and mileage information related to your self-employment	Please use the enclosed Schedule C Worksheet to summarize these expenses
30	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
31	Form 1099-K - Payment Card and Third Party Network Transactions	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.).
32	Form 1099-S - Proceeds From Real Estate Transactions	You may receive this form if you sold a home, residence, or real estate.
33	Schedule K-1 Form 1120S - Shareholder's Share of Income, Deductions, Credits, etc.	An S corporation will file a copy of Schedule K-1 (Form 1120-S) with the IRS to report your share of the corporation's income, deductions, credits, etc.
34	Information regarding alimony you paid or received in 2020	We will need the name of your former spouse and their Social Security number.
35	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.
36	Form 1099-Q - Payments from Qualified Education Programs (Under Sections 529 and 530)	You will receive this document if you took a distribution from a Qualified Education Program, such as a Section 529 Savings Plan.

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

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Best contact 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: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <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: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <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				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?	<input type="checkbox"/> Never Married	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
	<input type="checkbox"/> Married	a. If Yes, Did you get married in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Divorced	b. Did you live with your spouse during any part of the last six months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Legally Separated	Date of final decree _____
	<input type="checkbox"/> Widowed	Date of separate maintenance decree _____
		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

									To be completed by a Certified Volunteer Preparer				
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 12/31/21 (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) If yes, how many jobs did you have last year? _____
<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, etc.)
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 or repayments 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, student loan 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 2021?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (B) Receive Advanced Child Tax Credit payments?

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☐ No If yes, which language? _____
2. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change)*
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☐ No c. To split your refund between different accounts ☐ Yes ☐ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No

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

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. What is your current gender identity? ☐ Male ☐ Female ☐ Transgender ☐ Prefer to self-describe ☐ Prefer not to answer
16. What is your spouse's current gender identity? ☐ Male ☐ Female ☐ Transgender ☐ Prefer to self-describe ☐ Prefer not to answer
☐ No spouse
17. Do you have a permanent disability or chronic condition that hinders or limits the amount or kind of activities you do?
☐ Yes ☐ No ☐ Prefer not to answer
18. Does your spouse have a permanent disability or chronic condition that hinders or limits the amount or kind of activities you do?
☐ Yes ☐ No ☐ Prefer not to answer
19. 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
20. 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*)
☐ \$32,000 or less ☐ \$32,001 – \$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
21. Did you save part of your tax refund last year?
☐ No refund last year ☐ Yes ☐ No ☐ Don't remember ☐ Prefer not to answer
22. 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.

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

How to Use this Intake Booklet

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

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

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

Consent to Disclose/Use Information to AARP Foundation. Sign this form if you want to allow information from your tax return, including answers to demographic questions, to be provided 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.

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

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, 2023.

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 30, 2023). 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.

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 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.

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

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 AARP Foundation Tax-Aide, AARP Foundation helps older adults with low income secure the essentials, including good jobs, eligible benefits, crucial refunds, and sustaining social connections through a variety of programs and services. Some or all of these programs or services may be relevant to you. 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 information (name, address, email address, phone number), age, adjusted gross income, race and ethnicity, household size and income, refund allocations, credits, property ownership, and schedules used.

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

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

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

16 - 2021 Economic Impact Payment (EIP) Worksheet (type-in fillable)

Also known as stimulus payments

Taxpayer, and spouse if filing jointly: _____

	Yes	No	Not sure	If so, how much:
a. Did you receive the 2021 EIP?				\$
b. Did your dependent(s) receive the 2021 EIP?				\$
c. To your knowledge, did another taxpayer receive the 2021 EIP for you or for your dependent?				\$

Hint: Would have been \$1,400 (\$2,800 if married filing jointly) plus \$1,400 for each dependent. You should have received a letter from the IRS (Notice 1444-C).

General notes:

Income phase-out: the EIP amount would have been reduced if your income on your 2019 or 2020 return was more than \$75,000 (\$150,000 if married filing jointly or \$112,500 if head of household status).

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

Steps to follow to confirm EIP received and what to do if not 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 says it sent you a payment(s): go to <https://www.irs.gov/coronavirus/get-my-payment>. If you need more information, under “Amount and Status of Your Payment,” you will need to create or view your account. The system requires you confirm your identity with an authentication code on your cell phone or you will receive the code by U.S. mail. You may need to do this for each spouse if married filing jointly. It will tell you if the IRS sent you an EIP and the dates and method of each. Go back to your records to confirm that you received the EIP.
- If you were to receive an EIP card (but it was lost, destroyed, or stolen), call Metabank Customer Service at 800-240-8100 for assistance or replacement.
- If IRS says they sent you a check or direct deposit but you did not receive it, **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 2021 return if you did not get the full amount to which you are entitled. That credit will be rejected if the IRS records show that you received full payment unless you start a trace for a lost or stolen check/direct deposit as per above.

18 - 2021 Self-Employed (Sch C) Worksheet (type-in

fillable) *(Complete a separate worksheet for each business)*

Business owner's name: _____

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> I paid employees or other individuals | <input type="checkbox"/> I want to deduct a home office |
| <input type="checkbox"/> I had more than \$35,000 in business expenses | <input type="checkbox"/> I received a Form 1095-A |
| <input type="checkbox"/> I kept an inventory for my business | <input type="checkbox"/> I need to report a business loss |
| <input type="checkbox"/> I have assets to depreciate (any > \$2,500) | <input type="checkbox"/> I 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 expenses (cont.)	
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals from restaurants	\$
Other business meals	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
	\$
	\$

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

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

Drivers – be sure you have with you today:

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

19 - 2021 Itemized Deduction (Sch A) Worksheet (type-in fillable)

☐ I donated a vehicle worth more than \$500 ☐ I made more than \$5,000 of noncash donations
☐ I paid interest on borrowings for investments ☐ I repaid income (taxed in prior year) over \$3,000

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

If none is checked: enter your totals below for each expense – we do not need the details. Ask if you are unsure or have any questions.

Your name: _____

MEDICAL EXPENSES you paid for yourself or your dependent that were not reimbursed	
Insurance* (specify)	\$
	\$
	\$
	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.	
Doctors, dentist, etc.	\$
Hospital, medically needed care facility, etc.	\$
Prescriptions (even if filled with over the counter meds)	\$
Medical aids (canes, glasses, etc.)	\$
Other (specify):	\$
	\$
Parking	\$
Bus or car service	\$
Medical miles	mi.
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)	
Cash contributions (total)	\$
Other than cash, specify name of charity (no appreciated items):	(provide thrift store value) \$
	\$
	\$
Charitable miles	mi.

STATE/LOCAL TAXES	
State/local income tax paid (other than through withholding)	\$
Sales tax on car or home improvement purchases	\$
Real estate taxes (not service fees like garbage or sewer)	\$
Personal property (e.g. tax portion of car registration)	\$
Other taxes paid (specify):	\$
	\$
INTEREST	
Home mortgage interest - on main home	\$
- on second loan or home	\$
Loan balance owed at year end (Form 1098):	\$
Amount of loan used to buy, build, or improve home, if less than the full amount	\$
Mortgage insurance required by lender	\$
Year loan originated	Yr:
Other (specify):	\$
OTHER:	
Gambling losses	\$
Other (specify):	\$

We'll use your 2021 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,700 or \$1,350 if married):

Single	\$12,550	Married	\$25,100	HOH	\$18,800
Single (65+)	\$14,250	Married (one 65+)	\$26,450	HOH (65+)	\$20,500
		Married (both 65+)	\$27,800		

20 - Education Credits Worksheet (fillable)

Taxpayer name _____

Please complete one worksheet for each student. Name of student: _____

There are two education credits: the American Opportunity Credit and the Lifetime Learning Credit. Your eligibility depends on many things, which are addressed by each question below. Our Counselors will rely upon your answers to determine your eligibility for either education credit. It is important that you accurately respond to all of the following items that apply to your situation.

If you have any questions, please ask one of our Counselors.

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 the American Opportunity Credit been used for this student for four tax years? (Yes / No)	
Was the student ever convicted of a drug felony? (Yes / No)	
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 tuition, fees, books or equipment	\$
Distributions from Coverdell Education Savings Account (ESA)	\$
Distributions from Qualified Tuition Plans (529 Plans)	\$
Early distributions from IRAs	\$
U.S. Savings bonds used for tuition and required enrollment fees	\$
Excludible emergency financial aid grants and required enrollment fees (do not reduce expenses)	\$
Student loans or savings	\$

Education Credits Worksheet

Each of the education credits covers some education expenses, none of them covers all expenses. Tuition and other expenses that are necessary for enrollment are generally covered. Non-essential fees, such as transportation costs, room and board, sports fees, and student health fees may not be covered.

Institutions issue a Form 1098-T to their students. Please provide all Forms 1098-T with your other tax documents. If you do not have Form 1098-T or have lost it, check the student's on-line school account or contact the educational institution to obtain them before submitting to Tax-Aide.

The student's financial account statement, available to download or from the educational institution's Finance Office, contains information that is important in determining qualifying expenses. Please include a copy of each student's financial account statement with your other tax documents.

Expenses <i>(Not all expenses qualify for both 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 otherwise	\$
Required supplies and equipment fees which must be purchased from the institution	\$
Other required supplies and equipment	\$
Living expenses, even if living at home	\$
Required insurance or student health fees	\$
Expenses for special needs services	\$
Other (specify):	\$
	\$
	\$
	\$

2021 Self-Employed COVID Worksheet (type-in fillable)

To be completed only if you or your spouse had a business during 2021.

Business owner: _____ (complete a separate form for each owner)

You may be eligible for a sick leave or family leave credit if you lost work days because of COVID-19.

Do not count a lost workday more than once.

Sick leave Part 1	Round 1	A. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 1/1 to 3/31/2021 _____
Sick leave Part 2	Round 1	B. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 1/1 to 3/31/2021 _____
Family leave	Round 1	C. Were you unable to work in your business because you (max 50 days):
		<ul style="list-style-type: none">- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no Number of days unable to work in your business from 1/1 to 3/31/2021 _____
Sick leave Part 1	Round 2	D. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no- were exposed to COVID-19 and had to get a test or wait for the results <input type="checkbox"/> yes <input type="checkbox"/> no- got the vaccination or had to recover from it <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 4/1 to 9/30/2021 _____
Sick leave Part 2	Round 2	E. Were you unable to work in your business because you (max 10 days):
		<ul style="list-style-type: none">- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- accompanied anyone to get the vaccination or cared for them afterward <input type="checkbox"/> yes <input type="checkbox"/> no List each day unable to work in your business from 4/1 to 9/30/2021 _____
Family leave	Round 2	F. Were you unable to work in your business because you (max 60 days):
		<ul style="list-style-type: none">- were subject to a COVID-19 quarantine or isolation order <input type="checkbox"/> yes <input type="checkbox"/> no- were advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- were exposed to COVID-19 and had to get a test or wait for the results <input type="checkbox"/> yes <input type="checkbox"/> no- got the vaccination or had to recover from it <input type="checkbox"/> yes <input type="checkbox"/> no- had COVID-19 symptoms and sought a medical diagnosis..... <input type="checkbox"/> yes <input type="checkbox"/> no- cared for someone who was subject to a COVID-19 quarantine or isolation order or who was advised to self-quarantine because of COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no- accompanied anyone to get the vaccination or cared for them afterward <input type="checkbox"/> yes <input type="checkbox"/> no- cared for a child* whose school or place of care was closed due to COVID-19 or whose child care provider was unavailable due to COVID-19 <input type="checkbox"/> yes <input type="checkbox"/> no Number of days unable to work in your business from 4/1 to 9/30/2021 _____

Please retain the documentation described on the next page with your tax records to support your lost workdays.

2021 Self-Employed COVID Worksheet

For volunteer use

Schedule C profit for 2021 \$ _____ x 92.35% = \$ _____ net S-E earnings

Schedule C profit for 2020 \$ _____ x 92.35% = \$ _____ net S-E earnings

Lost workdays claimed in 2020 Form 7202:

Line 4 _____ (sick leave Part 1 - \$511-per-day limit)

Line 6 _____ (sick leave Part 2 - \$200-per-day limit)

Line 25 _____ (family leave)

Amount of employer sick or family leave pay from W-2 or W-2 attachment:

	1/1 – 3/31/21	4/1 – 9/30/21
Sick leave (\$511-per-day limit)	\$ _____	\$ _____
Sick leave (\$200-per-day limit)	\$ _____	\$ _____
Family leave pay	\$ _____	\$ _____

* A **child** is an individual under age 18 who is: your biological, adopted, or foster child; your stepchild; a legal ward; a child for whom you have day-to-day responsibilities for care or financial support. It is also 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.

Documentation of sick leave or family leave lost work days should include:

1. The date or dates for which leave is to apply;
2. A statement of the COVID-19 related reason for leave and written support for such reason; and
3. A statement that the individual is unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, the statement should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the individual, that person's name and relation to the individual.

In the case of a leave request based on a school closing or child care provider unavailability, the statement should include the name and age of the child (or children) to be cared for, the name of the school (or summer camp, summer enrichment program, or other summer program) that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the individual is receiving family leave and, with respect to the individual's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the individual to provide care.