How to Use this Intake Booklet

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

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

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

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

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

Form **13614-C** (October 2023)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

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

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

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

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

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

3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth | 5. Your job title | 6. Last year, were you: a. Full-time student ☐ Yes ☐ No; b. Totally and permanently disabled ☐ Yes ☐ No; c. Legally blind ☐ Yes ☐ No

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

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

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

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

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?
- ☐ Never Married
- ☐ Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
  - a. If Yes, Did you get married in 2023? ☐ Yes ☐ No
  - b. Did you live with your spouse during any part of the last six months of 2023? ☐ Yes ☐ No
- ☐ Divorced — Date of final decree ________
- ☐ Legally Separated — Date of separate maintenance decree ________
- ☐ Widowed — Year of spouse's death ________

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

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

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

Check appropriate box for each question in each section

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

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

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

Additional Information and Questions Related to the Preparation of Your Return

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

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

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

Additional comments

Privacy Act and Paperwork Reduction Act Notice

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

Optional Questions for AARP Foundation

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

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

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

☐ Yes ☐ No ☐ Prefer not to answer

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

☐ Yes ☐ No ☐ Prefer not to answer

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

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

20. Do you rent or own your home?

☐ Rent ☐ Own ☐ Neither ☐ Prefer not to answer

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

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

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

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

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

☐ Yes ☐ No ☐ Prefer not to answer

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

☐ Yes ☐ No ☐ Prefer not to answer

Opportunity to Save Your Refund

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

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

Form **15080** (October 2023)

Department of the Treasury - Internal Revenue Service

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

Federal Disclosure:

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

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

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2025.

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

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

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2025). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

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

Consent:

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

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

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

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

Consent to Disclose/Use Information to AARP Foundation

Federal Disclosure

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

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

Terms:

I/We authorize the AARP Foundation as follows:

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

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

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

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

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

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

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

Consent for AARP Foundation to Use Select Tax Return Information

Federal Disclosure

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

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

Terms:

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

I/We authorize AARP Foundation as follows:

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

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

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

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

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

2023 Itemized Deductions (Sch A) Worksheet (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. Please 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.)	$
COVID protective items	$
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 (provide thrift store value) (no appreciated items)	$
	$
	$
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 Jan 1 or date acquired (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/expenses	$
Other (specify):	$

We'll use your 2023 federal standard deduction shown below if more than your itemized deductions above (if blind, add $1,850 or $1,500 if married):

Single	$13,850	Married (filing joint)	$27,700	HOH	$20,800
Single (65+)	$15,700	Married (one 65+)	$29,200	HOH (65+)	$22,650
		Married (both 65+)	$30,700		

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

(Complete a separate worksheet for each business)

Business owner's name: ______________________________

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

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

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

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

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

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

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).

Education Credits Worksheet (fillable)

Taxpayer name ____

Please complete one worksheet for <u>each</u> 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 Surviving Spouse (QSS); 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 (CARES) (do not reduce educ expenses)	$
Student loans or savings	$

Education Credits Worksheet (fillable)

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 *(Not all expenses qualify for both Education Credits)*	
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):	$
	$
	$
	$

REQUIRED TAXPAYER PREPARATION
BEFORE COMING TO MONMOUTH TAX AIDE

The list below is provided to help you gather the appropriate materials for your visit to Monmouth Tax Aide. To ensure that the tax preparation process goes smoothly, please bring ALL necessary tax documents with you to your session. Missing W-2s, SSA Statements, 1099s, etc. will prevent Monmouth Tax Aide from completing your tax return and require you to make a second visit. So when in doubt, bring it with you!

1. All taxpayers must present a driver's license or other government issued **photo ID**.
2. All taxpayers must provide a **US government issued document(s) showing the Social Security number and full name of the taxpayer, spouse, and all dependents**. Typically, these would be SS cards or SS statements.
3. ***IF AT ALL POSSIBLE***: Bring **last year's tax returns** and **year-end employer pay stub(s)** as they can be extremely helpful to the preparer.
4. Taxpayers requesting **Direct Deposit** of a refund must provide a **blank or canceled check** so that the bank routing number and bank account number can be entered into the return. The check will be returned to the Taxpayer after the return is completed.
5. Taxpayers must indicate whether all family members had **"minimal essential health insurance coverage"** for the full year. If the taxpayer, spouse, and/or any person who could be claimed as a dependent did not have health insurance for the entire year, month-by-month coverage details for each such person is required. This information is needed to determine if the taxpayer qualifies for a possible exemption from the Shared Responsibility Payment ("NJ penalty") for not having insurance.

   Taxpayers who received health insurance **through their employer** should present **Form 1095-C.**

   Taxpayers who obtained insurance **through the Health Insurance Marketplace** (GetCoveredNJ) during the year should present **Form 1095-A.**

Updated 10/14/2023

6. Taxpayers must provide all of the following income information, if applicable:

   - **W-2** Form for each employer you worked for during the tax year
   - **1099-R** Form(s) for payments received from pensions, annuities and/or retirement accounts
   - **1099-INT** Form(s) for interest amounts greater than $10
   - **1099-DIV** Form(s) for dividends received
   - **1099-B** Form(s) for brokerage transactions*
   - **SSA-1099** Form(s) for Social Security payments received **
   - **1099-G** Form(s) if NJ Unemployment benefits were received***
   - **1099-NEC** Form(s) for any non-employee compensation
   - **1099-MISC** Form(s) for any miscellaneous income (e.g., cancellation of debt, gambling earnings, etc.)

* *Brokerage statements must show cost basis for any security sold during the tax year*

** *Social Security award letters CANNOT be used as a substitute for the actual SSA-1099 statement*

*** *Since NJ no longer mails them out, taxpayers must obtain their own 1099-G form by logging in to their online unemployment benefits account*

7. Taxpayers must provide all forms related to **federal and state income tax paid** including records of **estimated tax payments**

8. **Self-employed taxpayers** must provide a detailed listing by category of their business expenses.
   Uber/Lyft drivers must provide their "Uber Tax Summary" or "Lyft Driver Summary" and expense records, including their own mileage log because not all miles on the summary reports are deductible.

9. **Homeowners** must provide **mortgage and property tax documents** including details of any **NJ Homestead and/or PTR (Senior Freeze) rebates**. If applicable, bring your PTR "Blue Book".

10. **Renters** must provide a calculation of the **total rent paid** during the calendar year.

11. Taxpayers with **Dependent Care expenses** must present Provider information <u>including</u> EIN or Social Security number.

Updated 10/14/2023

12. **Cash/equivalent charitable contributions** should be totaled by the taxpayer for a single entry by the preparer.

    Household goods and other non-cash donations must be listed separately from cash/equivalent contributions. If the donated item(s) total **more than $500**, date(s) of donation, name and address of the recipient(s), and the fair market value of the donated items are required.

13. **Non-reimbursed Medical Expenses** must be listed by category (health insurance premiums, doctors, prescription drugs, etc.) and totaled by the taxpayer.

    DO NOT include Medicare health insurance payments that appear on the Social Security statement as our tax software adds them directly from the SSA-1099.

14. If claiming **student loan interest** deduction, you must provide form **1098-E.**
    If claiming **education credits**, you must provide form **1098-T,** as well as additional details of expenses and scholarship aid which are not shown on that form.
    New for tax year 2022: New Jersey allows deductions from NJ income for:
    - Tuition paid to NJ colleges
    - Interest AND principal on NJCLASS loans, and
    - Contributions to NJBEST (NJ's 529 College Savings Plan) accounts

OTHER IMPORTANT THINGS TO NOTE:

- All taxpayers are required to sign their tax returns.
  If filing status is MARRIED FILING JOINTLY, both Taxpayer and Spouse must be present to sign the return. Rare exceptions may be authorized by the site coordinator if the absent spouse is disabled and it is a hardship for him/her to travel.
- If a client requests the **preparation of someone else's return** (e.g., a parent asks us to prepare their college student child's return), a signed and notarized **Power of Attorney** is required.
- All documents should be removed from their original envelopes and the empty envelopes NOT presented to the preparer. In general, explanatory letters that accompany IRS numbered tax forms are not needed.