

**AARP TAX AIDE
DOCUMENTS NEEDED FOR PREPARATION**

Please bring the following in order to have your 2024 tax returns prepared:

- **Completed Form 13614 C (Intake/Interview & Quality Review Sheet)** – included in packet.
- Any letters received from the IRS or any other State department of taxation.
- Copies of **Social Security cards (or ITIN)** for taxpayer, spouse, and all dependents to be claimed on tax return.
- Copy (front and back) of **driver's license or state issued ID card** for both taxpayer and spouse.
- **2023 Federal and State tax returns** together with the documents used in their preparation.
- All applicable supporting documents and forms for the 2024 tax year. The following is a brief listing of those supporting documents:
 - W-2s
 - 1098 Mortgage Statement
 - 1099 R Distributions from Pensions, Annuities, Retirement or Profit Sharing Plans, IRAs, Insurance Contracts, etc.
 - 1099 INT Interest Income
 - 1099 DIV Dividend Income
 - SSA 1099 Social Security Benefit Statement
 - RRB 1099 Payments by the Railroad Retirement Board
 - 1099 MISC Miscellaneous Income
 - 1099 NEC Non-employee Compensation
 - 1098 T Tuition Statement
 - 1099 B Proceeds from Broker and Barter Exchange Transactions
 - **If you expect to itemize deductions, a completed Schedule A Worksheet (included in packet)**
 - **If you have self-employment income, a completed Schedule C Worksheet (included in packet)**
- If either you or your spouse obtained health insurance through Obamacare, then a **Health Insurance Marketplace Statement (1095 A)** is required.
- If requesting direct deposit for refunds or direct debit for balances due, a **voided blank check** so that the routing and account numbers can be obtained.

Please consult the guide to the types of returns Tax-Aide volunteers can and cannot prepare, which is included in the packet, before filling out the Intake form and making an appointment.

All of your tax documents should be printed out before your appointment start time, including those that are provided to you by e-mail or through online access to an account. If you need help printing out documents, please ask for help with the staff at the library before your appointment start time.

We ask that you arrive 15 minutes before your scheduled appointment so that your documents can be reviewed for completeness.

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

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

• Complete pages 1-6 of this form.
• You are responsible for the information on your return. Provide complete and accurate information.
• If you have questions, ask the IRS-certified volunteer preparer.

Your first name (*pronouns, optional*) M.I. Last name Your date of birth Your job title

Spouse's first name (*pronouns, optional*) M.I. Last name Spouse's date of birth Spouse's job title

Mailing address Apt # City State ZIP code

Your telephone number Spouse's telephone number Email address (*optional*) Did you live or work in two or more states in 2024
 Yes No

Check if you or your spouse were in 2024:

A U.S. citizen You Spouse No No Legally blind You Spouse No

In the U.S. on a visa You Spouse No Issued an identity protection PIN (IPPIN) You Spouse No

A full-time student You Spouse No Owners or holders of any digital assets You Spouse No

If due a refund, how would you like your refund

Direct deposit Check by mail **If you have a balance due, how would you like to make your payment**
 Split refund between accounts Other _____ Bank account IRS.gov Direct Pay
 Mail payment to IRS

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

What language _____

Would you like information on how to vote and/or how to register to vote Yes No

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

As of December 31, 2024, what was your marital status

Never Married Married Yes No

Divorced Legally Separated but not Divorced Yes No

Date of final decree _____ Date of separate maintenance decree _____ Year of spouse's death _____

To be completed by certified volunteer. Can anyone else claim the taxpayer or spouse on their tax return Yes No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.

Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	To be completed by certified volunteer (Yes, No, or N/A)		Taxpayer(s) paid more than half the cost of maintaining a home for this person
											This person provided more than 50% of their own support	This person had less than \$5,050 of income	

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

Paid any of the following expenses to itemize in 2024?

- (A) Mortgage interest
- (A) Taxes: state, local, real estate, sales, etc.
- (A) Medical, dental, prescription expenses
- (A) Charitable contributions

(To be completed by certified volunteer) Standard or Itemized Deductions

(A) 1098

#

(B) Standard deduction

(A) Itemized deduction

Notes/Comments

Paid any of these expenses in 2024?

- (B) Student loan interest
- (B) Child and dependent care
- (B/A) Contributions to a retirement account
- (B) School supplies by a teacher, teacher's aide or other educator
- (B) Alimony payments (do not include child support)

(To be completed by certified volunteer) Expenses to report

Notes/Comments

(B) 1098-E

(B) Child and dependent care credit

(B/A) IRA (Basic if a Roth IRA or 401K)

(B) Educator expenses deduction

\$

(B) Alimony payments with spouse's SSN

\$

Adjustment to income

Yes No

Did any of the following happen during 2024?

(To be completed by certified volunteer) Information to report

Notes/Comments

- (B) You or someone in your family took educational classes (technical school, college, job related, etc.)

(B) Taxable scholarship income

(B) 1098-T (itemized statement from school, invoice, etc.)

(B) Education credit or tuition and fees deduction

- (A) Sell a home

(A) Sale of home (1099-S)

- (A) Have a health savings account (HSA)

HSA contributions

HSA distributions

- (A) Purchase health insurance through the Marketplace (Exchange)

(A) 1095-A

- (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)

(B) Energy efficient home improvement credit

- (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender

(A) 1099-C

- (A) Have a loss related to a declared Federal disaster area

(A) 1099-A

Disaster relief impacts return

- (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)

(B) EITC, CTC, AOTC or HOH disallowed in a previous year

Reason

- Receive any letter or bill from the IRS

Eligible for Low Income Taxpayer Clinic referral

- (B) Make estimated tax payments or apply last year's refund to 2024 taxes

Estimated tax payments

Last year's refund applied to this year

Last year's return available

Optional Information

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

<p>1. Would you say you can carry on a conversation in English</p>	<p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p>
<p>2. Would you say you can read a newspaper in English</p>	<p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Prefer not to answer</p>
<p>3. Do you or any member of your household have a disability</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>
<p>4. Are you or your spouse a Veteran of the U.S. Armed Forces</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>
<p>5. What is your race and/or ethnicity? Select all that apply</p>	<p>6. What is your spouse's race and/or ethnicity? Select all that apply</p>
<p><input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</p>	<p><input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)</p>
<p><input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p>	<p><input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p>
<p><input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p>	<p><input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p>
<p><input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p>	<p><input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p>
<p><input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p>	<p><input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p>
<p><input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</p>	<p><input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)</p>
<p><input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)</p>	<p><input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)</p>

Privacy Act and Paperwork Reduction Act Notice

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

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS: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. Do you rent or own your home?
- Rent Own Neither Prefer not to answer
20. What is your gender identity? (select all that apply)
- Male Female Non-Binary Prefer to self-describe Prefer not to answer
21. What is your spouse's gender identity? (select all that apply)
- Male Female Non-Binary Prefer to self-describe Prefer not to answer
22. Do you identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, ...)?
- Yes No Prefer not to answer
23. 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.

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.

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, 2026.

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, 2026). 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.

AARP Foundation Tax-Aide

How We Can Help You Today

In conjunction with the IRS, we offer free tax return preparation to anyone who needs it.

AARP Foundation Tax-Aide volunteers are trained to help you file a variety of income tax forms and schedules. In certain situations, however, our volunteers may be unable to provide assistance. The Volunteer Protection Act requires that our volunteers stay within the scope of tax law and policies set by the IRS and AARP Foundation. Here's a guide to what our Tax-Aide volunteers **can** and **can't** do.

We can prepare most returns with:

- Wages, interest, dividends, capital gains/losses, unemployment compensation, pensions and other retirement income, Social Security benefits, among other types of income.
- Self-employment income, with limits.
- Most income reported on Form 1099-NEC, Form 1099-K, or Form 1099-MISC.
- Schedule K-1 that includes only interest, dividends, capital gains/losses, or royalties.
- IRA contributions — deductible or not.
- Health savings accounts (HSA).
- Certain adjustments to gross income and itemized deductions, including noncash contributions to charity that total no more than \$5,000.
- Qualified business income deduction, with limits.
- Cancellation of nonbusiness credit card debt.
- Most credits, including earned income, education, child/dependent care, simplified method foreign tax credit, among others.
- Repayment of first-time homebuyer credit.
- Estimated tax payments.
- Injured spouse allocation, depending on state.
- Amendments to filed returns.
- Tax returns for certain prior years.
- Other tax situations specific to this state or site, including sites with volunteers certified in Military or International may assist with matters within their certification, as listed here:

We can't prepare returns with:

- Self-employment if there are employees, losses, expenses that exceed \$35,000, depreciation, business use of home, 1099 filing requirements, or other complicating factors.
- Hobby income or other activities not for profit
- Complicated capital gains/losses, such as futures or options.
- Schedule K-1 with other than permitted items.
- Rental income, except land-only rentals or rentals of personal residence less than 15 days.
- Royalty income with expenses if not from self-employment.
- Tax on a child's investment and other unearned income (kiddie tax).
- Farm income or expenses.
- Some income, deduction, or credit items that are not included in our training.
- Alternative minimum tax, additional Medicare tax, or net investment income tax.
- Foreign financial asset reporting requirements.
- Any return where the answer to the digital asset (virtual currency) question on Form 1040 is "yes."
- Other tax situations specific to this state or site as listed here:

Cómo puede ayudarte hoy AARP Foundation Tax-Aide

Ofrecemos preparación gratuita de impuestos a todo aquel que lo necesite. Los voluntarios del programa AARP Foundation Tax-Aide están capacitados para ayudarte a preparar y presentar una variedad de formularios y anexos de declaración tributaria.

En ciertas situaciones, sin embargo, no pueden prestar asistencia. La Ley de Protección de Voluntarios requiere que nuestros voluntarios se mantengan dentro del marco de políticas y leyes tributarias establecido por el IRS (Servicio de Impuestos Internos) y AARP Foundation. Esta es una guía de lo que los voluntarios de Tax-Aide pueden y no pueden hacer.

Podemos preparar la mayoría de las declaraciones de impuestos con:

- Salarios, intereses, dividendos, ganancias o pérdidas de capital, compensación por desempleo, pensiones y otros ingresos jubilatorios, y beneficios del Seguro Social.
- Ingresos de trabajadores independientes, con ciertos límites.
- La mayoría de los ingresos reportados en los formularios 1099-MISC y 1099-NEC.
- Anexos K-1 que incluyan solamente intereses, dividendos, ganancias o pérdidas de capital y regalías.
- Contribuciones benéficas en efectivo.
- Deducción sobre el ingreso comercial calificado.
- Pagos por impacto económico (también llamados pagos de estímulo).
- Deducciones detalladas, incluidas las donaciones de bienes (no en efectivo) a organizaciones benéficas que no excedan \$5,000.
- Cancelación de deuda de tarjetas de crédito no comerciales.
- Contribuciones a una cuenta IRA, deducibles o no.
- La mayoría de los créditos, como el crédito por ingreso de trabajo, los créditos de educación, el crédito por hijo o hijo adicional y por otros dependientes, el crédito por primas de seguro médico, el crédito por impuestos extranjeros con método simplificado, crédito por licencia por enfermedad o por licencia familiar para autónomos y el crédito por ahorro jubilatorios.
- Reintegro del crédito por compra de la primera vivienda.
- Pagos estimados de impuestos.
- Asignación por cónyuge perjudicado, según el estado de residencia.
- Cuentas de ahorro para la salud (HSA).
- Enmiendas a declaraciones presentadas anteriormente.
- Declaraciones de impuestos de los tres años anteriores.

No podemos preparar declaraciones que incluyan:

- Trabajo independiente si el trabajador tiene empleados, pérdidas, gastos por más de \$35,000, amortizaciones, uso comercial de la vivienda, obligación de presentar formularios 1099 u otros factores complejos.
- Ingresos por pasatiempos y otras actividades sin fines de lucro.
- Ganancias o pérdidas de capital complicadas, como opciones o valores a futuro.
- Anexos K-1 complicados.
- Ingresos por alquileres, con excepción de alquileres de terrenos solamente o de residencias personales de menos de 15 días.*
- Ingresos por regalías con gastos, si no provienen del trabajo independiente.
- Impuestos sobre la inversión de un niño y otros ingresos no laborales (Kiddie Tax).
- Ingresos o gastos por actividad agrícola.
- Gastos de mudanza.*
- Ciertos ingresos por inversiones o deducciones detalladas que no se incluyen en nuestros cursos de capacitación.
- Impuesto mínimo alternativo, impuesto adicional de Medicare o impuesto al ingreso neto de inversiones.
- Obligación de reportar activos financieros en el exterior.
- Cualquier inversión o transacción en moneda virtual.

* **Alquiler o mudanza:** un voluntario puede preparar la declaración de impuestos del personal militar en servicio activo solo cuando el voluntario está certificado en el módulo militar y hay otro voluntario certificado en dicho módulo para revisar la declaración.

AARP Foundation Tax-Aide es un programa ofrecido conjuntamente con el IRS.

1-888-227-7669 aarpfoundation.org/taxaide

**AARP Foundation[®]
Tax-Aide**

2024 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		STATE/LOCAL TAXES	
Insurance* (specify)	\$	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)	\$
*Not paid pre-tax from paycheck for health, dental, vision, long-term care. Provide Form 1095-A from Marketplace if received.		Other taxes paid (specify):	\$
Doctors, dentist, etc.	\$		\$
Hospital, medically needed care facility, etc.	\$	INTEREST	
Prescriptions (even if filled with over the counter meds)	\$	Home mortgage interest	
Medical aids (canes, glasses, etc.)	\$	- on main home	\$
COVID protective items	\$	- on second loan or home	\$
Other (specify):	\$	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	\$
Parking	\$	Mortgage insurance required by lender	\$
Bus or car service	\$	Year loan originated	Yr:
		Other (specify):	\$
Medical miles	mi.	OTHER:	
CHARITY (you need to keep evidence of each; if \$250 or more, must be in writing from charity)		Gambling losses/expenses	\$
Cash contributions (total)	\$	Investment expenses (for state)	\$
Other than cash, specify name of charity (provide thrift store value) (no appreciated items)	\$	Other (specify):	\$
	\$		\$
	\$		
Charitable miles	mi.		

We'll use your 2024 federal standard deduction shown below if more than your itemized deductions above (if blind, add \$1,950 or \$1,550 if married):

Single	\$14,600	Married (filing joint)	\$29,200	HOH	\$21,900
Single(65+)	\$16,550	Married (one 65+)	\$30,750	HOH (65+)	\$23,850
		Married (both 65+)	\$32,300		

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 Form 1095-A for health coverage |
| <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 the 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	\$
Business insurance	\$
Interest on business loans	\$
Office expense/supplies	\$
Repairs	\$
Supplies	\$
Licenses or fees	\$
Business part of phone	\$
Training for this business	\$
Tools, etc. under \$2,500 each	\$
Travel away from home	\$
Business meals	\$
Rent (not home office)	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Business use of car or truck	
Total mileage for the year	mi.
Business miles	mi.
Commuting miles	mi.
Other miles	mi.
Do you have another car (Y/N)	
Vehicle description:	
Date placed in service:	
Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

To be completed by the volunteer preparer:	
SEHI? Y / N _____ (see NTTC 4012 page D-29.1)	
Eligible for subsidized health coverage? Y / N _____	
Health insurance premiums	\$
Eligible for subsidized LTC coverage? Y / N _____	
LTC premiums (limited by age)	\$
Include after-tax health or long-term care insurance premiums for the business owner, spouse (if filing jointly), dependents, and child under age 27 (even if not a dependent) paid by owner (or spouse if filing jointly), include Medicare or Medigap.	

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).

Taxpayer Information and Responsibilities

Welcome to AARP Foundation Tax-Aide. Our IRS-certified volunteers will assist you shortly. In the meantime, please take a moment to read the following information.

Taxpayers will:

- Provide all required information and documents to ensure the completion of your return
- Sign in at the tax site and follow the guidance of the Volunteer
- Complete the Intake Booklet fully and accurately
- Participate in the intake interview, tax preparation and quality review process
- Inform the volunteer of all income including cash, gambling winnings, etc.
- Understand that some returns are beyond the program scope (see scope poster) or have complicated state or other issues. If your return falls outside the program scope, you must either prepare your own return or engage a professional preparer.
- Ensure the return is complete and accurate before

signing. Joint returns require the signature of both spouses.

- Agree that you are responsible for the accuracy of the return
- Treat volunteers with courtesy and respect
- Questions? Call 888-687-2277 or email taxaide@aarp.org

Tax-Aide volunteers will:

- Treat taxpayers in a courteous and professional manner
- Prepare tax returns within the scope of the program
- Provide tax assistance based on the information and documents provided by the taxpayer
- Quality review all tax returns
- Respect taxpayers' privacy and confidentiality

Essential Documents to Have at the Tax Site

- Government-issued photo ID for the taxpayer(s) on the return
- Social Security cards or ITIN documentation for all
- Copy of last year's tax return
- Income documents for wages, interest, dividends, capital gains/losses, unemployment compensation, pensions and other retirement income, Social Security benefits and self-employment.
- Brokerage statements – sale of stocks or bonds
- Healthcare – Forms 1095 A if have marketplace insurance
- Mortgage interest, medical/dental expenses, charitable donations, sales, income or property taxes

- Records of federal and state income taxes paid
- Educational expenses – Form 1098-T, student's detailed financial school account; other education expenses
- Checking or savings account info for direct deposit of refund or direct debit of balance due
- Any other recent IRS or state tax department correspondence
- Please bring printed copies of all tax documents

Tax-Aide Process

Waiting Area

Sign In
Complete Intake Booklet
Organize Your IDs, SS Cards and
Tax Documents

Tax Preparation

IDs, SS Cards Checked
Intake Booklet and Tax
Documents Reviewed
Taxpayer Interviewed
Tax Return Prepared

Quality Review

IDs, SS Cards Checked
Intake Booklet and
Tax Documents Reviewed
Taxpayer Interviewed
Tax Return Reviewed
Return Signed

Información y responsabilidades del contribuyente

Bienvenido a AARP Foundation Tax-Aide. Nuestros voluntarios capacitados y certificados por el IRS te ayudarán pronto. Mientras tanto, toma un momento para leer la siguiente información.

Los contribuyentes deberán:

- Proveer toda la información y documentación necesarias para asegurar que la declaración de impuestos pueda ser completada
- Iniciar sesión en el sitio web del programa Tax-Aide y seguir las instrucciones del voluntario
- Completar el "Intake Booklet" en su totalidad y con exactitud
- Participar en la entrevista inicial, la preparación de la declaración de impuestos y el proceso de revisión
- Informar a los voluntarios sobre todos ingresos, incluidos el dinero en efectivo, ganancias en juegos de azar y otros
- Entender que algunas declaraciones están fuera del alcance del programa (ver cartel relacionado), o presentan temas complicados relacionados con el estado u otros asuntos. Si su declaración está fuera del alcance del programa.
- Asegurarse de que la declaración de impuestos esté completa y correcta antes de firmar. Se requiere la firma de ambos cónyuges en las declaraciones conjuntas.

- Estar de acuerdo con que el contribuyente es responsable por la exactitud de los datos de la declaración
- Tratar a los voluntarios con amabilidad y respeto
- ¿Preguntas? Llama al 888-687-2277 o envía un correo electrónico a taxaide@aarp.org

Los voluntarios de Tax-Aide deberán:

- Tratar a los contribuyentes de manera cortés y profesional
- Preparar las declaraciones de impuestos dentro del alcance del programa
- Proveer asistencia en la preparación de declaraciones de impuestos según la información y documentación ofrecida por el contribuyente
- Hacer una revisión minuciosa de todas las declaraciones de impuestos
- Respetar la privacidad y confidencialidad del contribuyente

Documentos esenciales que deben traer a la localidad de Tax-Aide

- Identificación con foto emitida por el Gobierno para todas las personas incluidas en la declaración de impuestos
- Tarjetas del Seguro Social o documentación con el número de identificación personal (ITIN) para todas las personas incluidas en la declaración de impuestos
- Copia de las declaraciones de impuestos de 2021
- Documentación sobre los ingresos, o registros como trabajador independiente
- Declaración de gastos de inversiones: venta de acciones o bonos
- Seguro médico: formulario 1095-A, si tienen un seguro a través del Mercado
- Intereses hipotecarios, gastos médicos o dentales, donaciones benéficas, impuestos sobre las ventas, sobre la renta o sobre la propiedad
- Registros de los impuestos federales y estatales pagados
- Gastos educativos: formulario 1098-T, estado de cuenta detallado de la institución educativa, entre otros gastos educativos
- Información de una cuenta corriente o de ahorros para el depósito directo del reembolso o débito directo de la cantidad adeudada
- Cualquier otra correspondencia reciente del IRS o del departamento de impuestos estatal
- Traiga copias impresas de toda la documentación

Proceso de Tax-Aide

Área de espera

Registro de entrada
Completar el "Intake Booklet"
Organizar los documentos de identificación, documentos para la declaración de impuestos y las tarjetas del Seguro Social

Preparación de la declaración de impuestos

Verificar la identificación y las tarjetas del Seguro Social
Revisar el "Intake Booklet" y los documentos para la declaración de impuestos
Entrevistar al contribuyente
Preparar la declaración de impuestos

Revisión minuciosa

Verificar la identificación y las tarjetas del Seguro Social
Revisar el "Intake Booklet" y los documentos para la declaración de impuestos
Entrevistar al contribuyente
Revisar la declaración de impuestos
Firmar la declaración de impuestos