



## Dropping off your tax files

Select the tax office nearest you to securely drop off your tax documents for preparation by our IRS certified volunteers! It's quick and easy. Please make sure you have included ALL forms requested in our checklist of documents, all forms have been filled and signed, and you have included photocopies of your picture IDs and social security cards.

You will be contacted by phone when your tax preparer begins the return, so be sure to provide a working phone number in your forms.

Your tax return will then be quality reviewed by another preparer. You will be notified by phone when the tax return is ready for pick up.

At the time of pick up, you will have a chance to review the return with a tax preparer, ask questions, and sign permission for us to e-file your tax return. You will also pick up all original documents previously dropped off and receive a copy of the finished tax return for your records.

This entire process takes 1-2 weeks depending on volume.



# Locations Available for Dropping off Your Taxes

<b>Northwest Michigan Community Action Agency Offices</b>		
Traverse City	3963 Three Mile Road	(231) 947-3780 (800) 632-7334
Cadillac	1640 Marty Paul	(231) 775-9781 (800) 443-2297
Petoskey	2240 Mitchell Park Drive, Unit A	(231) 347-9070 (800) 443-5518
<b>Partner Offices</b>		
First Baptist Church	6781 M66, Charlevoix	No appointment needed.  Open Tuesdays 9AM-1PM Feb 13TH-April 9TH  (231) 947-3780
Benzie Senior Resources	0542 Main St., Honor	(231) 525-0600
Benzie Area Christian Neighbors	2804 Benzie Hwy, Benzonia	(231) 882-9544
Kalkaska Commission on Aging	303 S Coral St, Kalkaska	(231) 258-5030



Please bring:



IRS Certified Volunteers Providing

**FREE TAX PREPARATION**

### Personal Identification and Signature Forms

- Driver's License or State ID, for taxpayer and spouse if applicable
- Social Security card for each member of your household
- All signature forms provided in this packet
- Intake/Interview & Quality Review Sheet/ Pages 1- 4

### Income Sources

- W-2 forms from all jobs held in 2023
- Social Security statements/Disability Income/SSI letter from Dec 22 or Jan 23
- 1099 forms and proof of other income received:
  - 1099-G forms (unemployment received)
  - 1099-R (pension income)
  - 1099-INT or DIV (interests and dividends)
  - 1099-NEC (self-employment income) and 1099-MISC
- Child support annual statements or amount received (Friend of the Court)
- Alimony received or paid, and SSN of former spouse
- DHHS 2023 statements or letters, if you received assistance or provided day care

### Possible Expenses

- Daycare expenses from 2023, daycare provider name, and TIN
- 1095-A form (If you purchased health insurance on the Marketplace)
- Form 1098-T (Student loan interest) &/or Form 1098-T (college tuition & fees)
- Amount paid in rent in 2023, with landlord's name and address
- 2023 summer/winter 2023/24 assessed property tax bills
- Mortgage statements including form 1098 (if itemizing)
- Medical portion of Auto Insurance (Personal Injury Protection)
- Health Insurance Premiums paid, including: Medical, Dental, Vision, Rx
- Home heating costs billed from Nov. 1, 2022 - Oct. 31, 2023

### Other

- Account and bank routing numbers for direct deposit of a refund
- IRS or State notices received during 2023, if any

Whether you have earned income OR fixed income, you may qualify for money back on your state credits. Please complete the worksheet below.

### Home Heating Credit

Please list total annual amounts of heat billed between 11/01/22-10/31/23

Electric Heat \$ \_\_\_\_\_ Provider \_\_\_\_\_

Fuel Oil \$ \_\_\_\_\_ Provider \_\_\_\_\_

Natural Gas \$ \_\_\_\_\_ Provider \_\_\_\_\_

Propane/LP Gas \$ \_\_\_\_\_ Provider \_\_\_\_\_

Wood/other heat types \$ \_\_\_\_\_ Provider \_\_\_\_\_

*Consumers & DTE bills have a statement in the 'Notes' section with "Home Heat amount" on your December 2023 or Jan & Feb 2024 bills. i.e. heating costs for 12 months \$856.00. If you do not have a bill, call your provider to get the information.*

### Homestead Property Tax Credit

If you had a lease where you **rented** last year, we need your:

Landlords name \_\_\_\_\_

Landlords address \_\_\_\_\_

Amount of rent paid per month\* \_\_\_\_\_

# of months \_\_\_\_\_

*\*For subsidized housing, provide the amount of rent YOU personally pay for.*

If you **owned** a home in 2023, we need a copy of your:

**Summer 2023 and Winter 2023/24\*\* Assessed Property Tax**

*\*\*Winter taxes due in 2024 do NOT need to be paid to receive property credit.*

### PIP- Personal Injury Protection Discount

Your PIP dollar amount should be on the "Declaration Page" on your auto insurance policy. If you cannot find your policy, call your insurance provider. If the amounts are separated on your policy, please provide the PIP Medical portion and NOT the wage loss portion. You are allowed this amount on two vehicles /household.

Vehicle #1 Annual policy \$ \_\_\_\_\_ Vehicle #2 Annual Policy \$ \_\_\_\_\_

To help us compute your "total household resources" please provide amounts of the following **annual or monthly premiums paid:**

Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

# Frequently Asked Questions

## **I can't find my social security card or the social security cards for a spouse or dependent. Do I need them to file with you?**

Taxpayers must provide original or copies (paper or electronic) of social security cards or an acceptable substitute such as Form SSA-1099 and/or any other verification issued from the Social Security Administration.

## **Do I need the 1095-A form for health insurance?**

Only if you purchased your health insurance through the marketplace. Medicaid, Medicare, privately purchased or work-provided insurance does not require it for filing.

## **For heat costs, do you need to see every monthly bill?**

No. We only need the total heat billed from Nov 1, 2022 to Oct 21, 2023. If you do not know this amount, call your heat provider. For DTE & Consumers customers, total previous year heat billed is stated on your December and/or Jan/Feb bills. If heat is included in your rent, please let us know.

## **What exactly do I provide for direct deposit account info?**

You can provide a voided check. Or simply write your account number, routing number and bank name anywhere easily seen in your paperwork.

## **What additional info do I need to provide for an amended return?**

If we did not prepare the original return, you must provide the original tax return, as well as all supporting documents on our checklist and a statement informing us of what issues need to be addressed in the new return.

## **Do I have to file by the deadline? How do I get an extension?**

You are only penalized for filing after deadline if you owe taxes. If you receive refunds, you can file any time before or after deadline with no penalty. If you think you MAY owe and cannot file before deadline an extension is easy to file yourself at IRS.gov (form 4868).

## **Can I deduct my medical bills?**

The IRS allows taxpayers to deduct their qualified unreimbursed medical care expenses that exceed 7.5% of their AGI, but only IF you are itemizing. To itemize, you must have qualifying deductions that exceed the standard deduction amounts of \$13,850 for single filers, \$27,700 for those married filing jointly, or \$20,800 for heads of household.



## Participant Release of Liability

As a participant in the Individual Tax Preparation Tax Return Program,

I hereby waive all claims, demands and causes of action of every nature arising from said participation in the above named program concerning me against NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY, its agents, employees, officers, representatives and/or program funders or evaluators.

I affirm that all information and documentation concerning my 2023 Federal and Michigan Income Tax Returns and Credit Claims is truthful and accurate.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

# Virtual VITA/TCE Taxpayer Consent

This form is required when either the Intake/Interview and/or the Quality Review are not conducted in-person between the taxpayer and the VITA/TCE volunteer. The site must explain to the taxpayer the process used to prepare the taxpayer's return. If applicable, volunteers must advise the taxpayer of the associated risk of transferring their data from one site location to another site.

## Part I - To be completed by the VITA/TCE site:

Site name

NMCAA

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

3963 Three Mile Rd  
Traverse City MI 49686

Site identification number (SIDN)

S42018021

Site coordinator name

Brittney Grzesiak

Site contact name

Brittney Grzesiak

Site contact telephone number

231-347-9070

### This site is using the following Virtual VITA/TCE method(s) to prepare tax returns:

- A. Drop Off Site:** This site uses a drop off process which includes the site maintaining personally identifiable information (Social Security numbers, Form W-2, etc.) to prepare the tax return at the same site but at a later time. In this process, the taxpayer comes back to the same site for the quality review and/or signing the completed tax return. The site must explain the method it uses to contact the taxpayer if additional information is needed.

**Note:** Sites where the taxpayer does not leave the site's property, for example waiting in another room or in a vehicle, are NOT considered drop off sites. Since the taxpayer remains at the site, they are not required to complete Form 14446. If the taxpayer leaves their tax documents at the site and then leaves the site's property for any reason, the taxpayer must complete Form 14446.

- B. Intake Site:** This method includes the taxpayer leaving their personally identifiable information (Social Security numbers, Form W-2 and other documents) at the site in order to prepare and/or quality review the tax return at another location. In this process, the taxpayer's tax return information may be sent to another location for one or more of the following reasons; interviewing the taxpayer, preparing the tax return, or performing a quality review. The taxpayer may come back to the intake site for the quality review or to review and sign the completed tax return.
- C. Return Preparation and/or Quality Review Only Site:** This site may receive returns from one or more intake sites to prepare and/or quality review returns. This site generally does not take walk-ins or appointments in their location.
- D. Combination Site:** This site prepares returns for other permanent or temporary intake sites and assists walk-ins and appointments in their location.
- E. 100% Virtual VITA/TCE Process:** There is no in-person interaction with the taxpayer and any of the VITA/TCE volunteers in this process, during the intake, interview, return preparation, quality review, and signing the tax return. The site must explain the virtual processes and consent. This includes the virtual procedures to send required documents (Social Security numbers, Form W-2 and other documents) through a secured file sharing system to a designated volunteer for review.

---

**Part II: The Site's Process:**


---

Explain how each process will be followed to assist the taxpayer remotely. The questions in parentheses below provide guidance on what to include in the explanation for each process. How will the site manage:

1. Scheduling the appointment (How is the appointment made: by phone, online portal, email, or by other means)

clients will call by phone

---

2. Securing Taxpayer Consent Agreement (How is the 14446 signed, received, and stored)

all required documents will be picked up, completed and dropped off by client to be stored by agency in locked secured manner

---

3. Performing the Intake Process - securing all documents (How are the taxpayer's supporting documents received, stored and tracked)

client will come to the site in-person to drop off all documents and complete required intake process.

---

4. Validating taxpayer's authentication - reviewing photo identification and Social Security cards/ITIN letters (What communication channel, either in-person or virtually, is used to validate the taxpayer's identity and which documents are reviewed)

picture IDs and social security cards will be reviewed in person at time of drop off.

---

5. Performing the interview with the taxpayer (What communication channel, either in-person or virtually, is used to conduct the interview)

the interview will be completed in person at time of drop off using the questions from 13614-C

---

6. Preparing the tax return (Where is the tax return prepared and how are documents accessed by the preparer)

tax preparers prepare the return without the taxpayer present, where preparer accessed documents physically on site or remotely via secured TaxSlayer scanned documents.

---

7. Communicating with the taxpayer (Site must explain the method(s) it uses to contact the taxpayer if additional information is needed)

If questions arise the tax preparer can reach out to the taxpayer by phone and discuss the return after verifying the clients identity over the phone.

---

8. Performing the quality review (Where is the tax return reviewed and how are documents accessed by the reviewer)

a designated quality reviewer or alternative tax preparer will perform quality review of the tax return by viewing the documents in person on site, or through attached documents in TaxSlayer

---

9. Sharing the completed return (What communication channel, in-person or virtually, is used to share the completed return and how does the volunteer and/or taxpayer access the completed return)

the taxpayer will be informed of the completed return and will schedule a time to pick up the return on site. On site the tax return will be shared with the taxpayer.

---

10. Signing the return (Does taxpayer sign the return in-person or electronically and if electronically, which software is used to sign the return)

at the time of sharing the return with the taxpayer, the taxpayer will sign the return on site.

---

11. E-filing the tax return (When is the return e-filed: immediately or at the end of the day)

the tax return will be e-filed within 72 hours of receiving taxpayers signature.

---



Page three of this form will be maintained at the site with all other required documents.

**Part III: Taxpayer Consents:**

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

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

Yes  No

**Virtual Consent Disclosure:**

If you agree to have your tax return prepared and your tax documents handled in the above manner, your signature and/or agreement is required on this document. Signing this document means that you are agreeing to the procedures stated above for preparing a tax return for you. (If this is a Married Filing Joint return both spouses must sign and date this document.) If you chose not to sign this form, we may not be able to prepare your tax return using this process. Since we are preparing your tax return virtually, we have to secure your consent agreeing to this process. If you consent to use these non-IRS virtual systems to disclose or use your tax return information, Federal law may not protect your tax return information from further use or distribution in the event these systems are hacked or breached without our knowledge. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov). While the IRS is responsible for providing oversight requirements to Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) programs, these sites are operated by IRS sponsored partners who manage IRS site operations requirements and volunteer ethical standards. In addition, the locations of these sites may not be in or on federal property.

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

<b>Printed name</b>		<b>Printed name (spouse if married filing joint)</b>	
<b>Date of birth</b>	<b>Date</b>	<b>Date of birth</b>	<b>Date</b>
Telephone number		Telephone number	
Email address		Email address	
Signature (electronic)		Signature (electronic)	
<b>OR</b>		<b>OR</b>	
<b>Signature (type/print)</b>		<b>Signature (type/print)</b>	



# CUSTOMER CONNECTION FORM

To better serve and connect you with as many programs as will fit your needs, please fill out form completely.

<b>OFFICE USE ONLY</b>
Reason for Client Visit Today: (Department Name)
TAX PREP

1. Y  N  Are you currently homeless or at risk of becoming homeless?  
\*Call **844.900.0500** for immediate assistance\*

---

2. Y  N  Would you like information on making your home more energy efficient to lower your heating costs? [Weatherization]
3. Y  N  Do you need help with heating or energy bills? [Utilities Assistance]
4. Y  N  Are you a homeowner whose home needs repairing?  
If yes, what? \_\_\_\_\_ [Housing Rehabilitation]

---

5. Y  N  Would you like to have your taxes prepared for free? [Tax Preparation]
6. Y  N  Do you have questions about the Home Heating Credit or the Earned Income Credits? [Tax Preparation]
7. Y  N  Would you like to have help budgeting your money? [Budget Counseling/Workshops]
8. Y  N  Would you like more information about our IDA Savings Account that helps you buy a home, go back to school, or start a business? [Budget Counseling/IDA]
9. Y  N  Are you considering Bankruptcy education? [Pre/Post Bankruptcy Counseling]

---

10. Y  N  Are you interested in learning about food assistance programs? [Food Programs]
11. Y  N  Do you know someone who is homebound, 60+ years old, and unable to cook for themselves, and would like meals delivered to their home? [Meals on Wheels]

---

12. Y  N  Do you have trouble making your rent/mortgage payment on time each month? [Foreclosure Prevention/Housing Counseling]
13. Y  N  Are you interested in learning about owning your own home? [Homeownership Coaching/Workshops]
14. Y  N  Are you in the process of looking for a new home/apartment to rent? [Rental Counseling]

---

15. Y  N  Would you like more information about adequate childcare for when you work or go to school? [Collaborative Center]
16. Y  N  Would you like more information about preschool opportunities for your 3-4 year old? [Head Start/GSRP]
17. Y  N  Would you like more information about developmental opportunities and information for pregnant woman to 3 year old? [Early Head Start Home Based]
18. Y  N  Are you interested in a Center Based Program for your child ages 0-3? [Early Head Start Expansion]

I authorize NMCAA to share my information within the agency for referral purposes.

Consent is voluntary, remains in effect for one year, and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Name (printed): \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Mail completed form to: FMS Intake 3963 Three Mile Rd, Traverse City MI 49686  
or email at fmsintake@nmcaa.net Copy-in child's file.

Scan QR Code or complete online at <https://pdf.ac/leOZi>



# Intake/Interview and Quality Review Sheet

**You will need:**

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

• Please complete pages 1-4 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at [wi.voltax@irs.gov](mailto:wi.voltax@irs.gov)

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

1. Your first name	M.I.	Last name	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: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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, 2023, what was your marital status?  Never Married  Married  Divorced  Legally Separated  Widowed

(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

Date of final decree \_\_\_\_\_

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 12/31/23 (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 taxpayer(s) 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)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

		<b>Part III – Income – Last Year, Did You (or Your Spouse) Receive</b>	
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	
<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? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, 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, digital assets 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 1099-G)
<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, digital assets, Sch K-1, royalties, foreign income, etc.)
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay</b>
<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"/> Roth IRA (B) <input type="checkbox"/> 401K (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Part V – Life Events – Last Year, Did You (or Your Spouse)</b>
<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]

**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 If yes, where? \_\_\_\_\_
- 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
- 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

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

## 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>).